Oregon State Bar

Annual Report
Lawyer Trust Accounts and
Interest on Lawyer Trust Accounts

Business Information Section

Business Name: the name of the business reporting the property.

OSB Number: the number assigned by the Oregon State Bar if applicable

Address Information: the mailing address for the business reporting the property.

FEIN: the federal employer identification number of the business reporting the property.

Contact Information Section

First Name: the first name of the person to contact regarding the report of unclaimed property.

Last Name: the last name of the person to contact regarding the report of unclaimed property.

Title: the title of the person to contact regarding the report of unclaimed property.

Email Address: the email address of the person to contact regarding the report of unclaimed property.

Phone: the phone number of the person to contact regarding the report of unclaimed property.

Summary Section

Grand Total $ Reported: the grand total of all property detail pages submitted

Printed Name and Signature: the printed name and signature of the authorized person to execute the report

Title: the title of the authorized person to execute the report.

Date: the date the report has been authorized.

Property Detail Section

Sole/Multiple Owners: for each property, enter the individual owner number associated within the owner group, and the total number of owners in the group (i.e. 1 of 1; 1 of 2; 2 of 2).

Amount: the remaining client balance

Social Security Number (SSN)/Federal Tax Identification Number (FEIN): the property owner's SSN if the named owner is an individual or the FEIN if the named owner is a business.

Date of Birth: the property owner's date of birth. Use the MM/DD/YYYY format.

Date of Death: the property owner's date of death. Use the MM/DD/YYYY format.

Date of Last Contact: the date there was contact with the owner. Use the MM/DD/YYYY format.

Client Number: the number assigned to the property owner in your system.

Owner Last Name / Business Name: the property owner's last name or business name. If the property owner's name is unavailable, enter "Unknown."

Owner First Name: the property owner's first name.

Owner Middle Name: the property owner's middle name.

Prefix: the property owner's name prefix (i.e. Dr (Doctor), Rev (Reverend), etc.). If unknown, leave this field blank.

Suffix: the property owner's name suffix (i.e. Jr, Sr, III, etc.). If unknown, leave this field blank.

Title: the property owner's title, if applicable, (i.e. Dr (Doctor), Rev (Reverend), etc.). If unknown, leave this field blank.

Street Address: the property owner's last known address. If the address is unknown leave this blank.

Zip: the property owner's last known zip code. If unknown, leave this field blank.

City: the city of the property owner's last known address. If unknown, leave this field blank.

State: the state of the property owner's last known address. If unknown, leave this field blank.

Country: the country if the property owner's last known address is in a foreign country. If unknown leave this field blank.

Oregon State Bar

Annual Report
Lawyer Trust Accounts (LTA) and Interest on
Lawyer Trust Accounts (IOLTA)

This is a fillable PDF form. If printing the form to fill in, print or type the information.

(Lawyer or Law Office Information)

Business Name:	OSB Number
Street Address Line1	Street Address Line2
City	State/Province/Region
Zip Code	Country
FEIN:	

Contact Information (who to contact if questions with report)

First Name	Last Name	Title
Email Address		Phone

SUMMARY OF PROPERTY DETAILED ON REPORT	
GRAND TOTAL $ REPORTED	

I declare that this report, including accompanying statements, has been examined by me; that I am duly authorized by the holder to execute this report, and that I believe the report is true, correct and complete for the stated period pursuant to Oregon Revised Statutes 98.302 through 98.346. I also verify that reasonable steps have been taken to find the owner(s) of the property.

Printed Name _____ Signature _____ Title _____ Date _____

When forms are complete, mail the originals and check for remittance to the:

Oregon State Bar
c/o Unclaimed Property
PO Box 231935
Tigard OR 97281-1935

Oregon State Bar

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Property Detail Sheet Annual Report Lawyer Trust Accounts and Interest on Lawyer Trust Accounts

(information for the owners of the money in the IOLTA Account)

Business Name:	Page of

Sole/Multiple Owners	Amount	Social Security Number/FEIN	Date of Birth	Date of Death	Date of Last Contact	Client Number
of						

Owner Last Name / Business Name	Owner First Name	Owner Middle Name	Prefix	Suffix	Title

Owner Street Address 1	Owner Street Address 2	Owner City	Owner State	Owner Zip Code	Owner Country
			OR***		

Sole/Multiple Owners	Amount	Social Security Number/FEIN	Date of Birth	Date of Death	Date of Last Contact	Client Number
of						

Owner Last Name / Business Name	Owner First Name	Owner Middle Name	Prefix	Suffix	Title

Owner Street Address 1	Owner Street Address 2	Owner City	Owner State	Owner Zip Code	Owner Country
			OR***		

Sole/Multiple Owners	Amount	Social Security Number/FEIN	Date of Birth	Date of Death	Date of Last Contact	Client Number
of						

Owner Last Name / Business Name	Owner First Name	Owner Middle Name	Prefix	Suffix	Title

Owner Street Address 1	Owner Street Address 2	Owner City	Owner State	Owner Zip Code	Owner Country
			OR***		

**Required Fields are: Amount, Date of Last Contact, Owner Last Name, Owner First Name, Owner State

***Oregon State Bar cannot accept funds from other states. If you have a last known address that is for another state, you must report and send to that state's unclaimed property program. Reference https://unclaimed.org/ to locate and directly link to the state's property you are holding.