

Estate Planning Workbook



LAW OFFICE OF PAMELA L. GRUTMAN, P.L.L.C.

325 BROADWAY, STE 204, NEW YORK, NY 10007

(T) 646-661-7755

(F) 212-661-7744

WWW.PAMELAGRUTMAN.COM

PAMELA L. GRUTMAN

PLG@PAMELAGRUTMAN.COM

Client Acknowledgement

I acknowledge that information provided is true and that the representation by Law Office of Pamela L. Grutman, P.L.L.C. is conditioned on the truthfulness of the representations contained in this questionnaire.

By: _____
Client Signature

Date: _____

PRIVACY POLICY NOTICE

Attorneys, like other professionals who advise on personal financial matters, are now required by federal law to inform their clients of their policies regarding privacy of client information. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have always protected our client's right to privacy.

In the course of providing our clients with legal advice, we sometimes receive significant personal financial information from our clients. If you are a client of Law Office of Pamela L. Grutman, P.L.L.C., you should know that all information that we receive from you is held in confidence, and is not released to people outside the firm, except as agreed to by you, or as required under applicable law.

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. To guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.



Personal Information

Client's Legal Name (name most often used to title property and accounts) _____

Also Known As (other names used to title property and accounts) _____

Prefer to be called _____ Birth date _____ Age on last birthday _____

SS# _____ Citizenship _____ Veteran Yes No

Home Address _____

Home Telephone _____ County of Residence _____

Mobile Telephone _____ E-mail Address _____

Employer _____ Position _____

Current Marital Status Single, never married Married Civil Union Domestic Partnership

Divorced Separated Widowed

Date of Current Marriage/Civil Union/Domestic Partnership _____

Former Marriage(s): Date of Divorce _____ Former Spouse Name _____

If divorced or separated at any time, please attach a copy of any divorce decree or separation agreement.

Children and Other Dependents

Attach additional pages as needed.

Name _____ Parent/Relationship _____

Prefer to be called _____ Birth date _____ Age on last birthday _____

Address: _____

SS# _____ US Citizen Yes No, Citizen of _____

Name _____ Parent/Relationship _____

Prefer to be called _____ Birth date _____ Age on last birthday _____

Address: _____

SS# _____ US Citizen Yes No, Citizen of _____

Name _____ Parent/Relationship _____

Prefer to be called _____ Birth date _____ Age on last birthday _____

Address: _____

SS# _____ US Citizen Yes No, Citizen of _____

Estate Inventory

Information about your assets and liabilities are important for tax planning. Exact figures are not needed at this time, but please indicate any area of substantial uncertainty. The suitability of your estate plan will depend on the accuracy of this information.

	Amount*
Assets	Client
Bank and Savings Accounts	_____
Publicly Traded Stocks and Bonds	_____
Real Property (less mortgages)	_____
Tangible Property (furnishings, jewelry, art, antiques)	_____
Furniture and Personal Effects	_____
Automobiles, Boats, and Other Vehicles	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Deferred Stock and Stock Options	_____
Closely Held Stock (Ownership ___%)	_____
[Shareholders Agreement Y / N] [S-Corp Y / N]	
Hedge Funds, Tax Shelters, Partnerships	_____
Patents, Trademarks, or Copyrights	_____
UTMA Accounts with you as both Custodian and Contributor	_____
Cemetery Plots [Location: _____]	_____
Monies Owed to You	_____
 Liabilities	 Client
Life Insurance Loans	_____
Charitable Pledges	_____
Lawsuits	_____
Taxes	_____
 Net Assets:	 _____

Describe any gifts, inheritances, or other financial change that you expect at some time in the future. _____



Real Property

General Description / Address	Owner	Basis in Property	Market Value	Loan Balance
<i>Primary Residence</i>				
<i>Vacation Home</i>				
<i>Investment Property(s)</i>				

Life Insurance Policies and Annuities

Type of Policy / Insurance Carrier	Face Amount (Death Benefit)	Person Insured	Policy Owner	Beneficiaries

Retirement Plans

Type of Plan / Description	Amount	Beneficiaries

Persons to Act for You

<i>Client</i>	Initial	Successor
	Name, Address, Telephone Number, and Relationship	Name, Address, Telephone Number, and Relationship
<p>GUARDIAN FOR CHILDREN UNDER THE AGE OF 18</p> <p>If you wish to nominate separate guardians for each of your children, please list separately.</p>		
<p>PERSONAL REPRESENTATIVE FOR YOUR ESTATE (“Executor”)</p>		
<p>TRUSTEE</p> <p>If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?</p>		
<p>POWER OF ATTORNEY:</p> <p>If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?</p>		
<p>HEALTH CARE:</p> <p>If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?</p>		



Distributions of Personal Property and Specific Gifts

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later [NOT APPLICABLE IN NY]? Yes No N/A

SPECIFIC GIFTS: List any specific gifts of personal property, real estate, or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive. These bequests will only be valid if property was in your possession and the beneficiary is alive at the time of death.

FOR CLIENT:

General Description of Property	Amount/Value	Beneficiary <i>Individual or Charity</i>	Contingent on Spouse predeceasing?

Any property not listed on the memorandum or specifically gifted should be distributed to:

- FOR CLIENT:**
- Spouse, then children equally.
 - Spouse, then to balance of trust.
 - Spouse, then other named individuals.
 - Children
 - To the balance of the trust.
 - Other named individuals. List on next line.
-

	YES	NO
Are you receiving Social Security, disability, or other governmental benefits?		
Are you making payments pursuant to a divorce or property settlement order? Please furnish a copy.		
Have you signed a pre- or post-marriage contract? Please furnish a copy		
Have you been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you ever filed federal or state gift tax returns? Please furnish copies of these returns		
Have you (or your spouse) completed previous will, trust, or estate planning? Please furnish copies of these documents		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? If so, please explain.		
Are there any other charitable organizations you wish to make provisions for at the time of your death? If so, please explain.		
Have you lived in any of the following states while married? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin		
Are you currently the beneficiary of anyone else's trust? If so, please explain.		
Do any of your children or other dependents have special educational, medical, or physical needs?		
Do any of your children or other dependents receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Do you have any plans regarding funeral or burial arrangements? If so, please explain.		
Do you have a safety deposit box?		
Do you have a long-term health care insurance?		

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:
