

# Estate Planning Workbook

## FOR SPOUSES

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## Client Acknowledgement

We are pleased to have been asked to represent you, and we look forward to an enjoyable, successful, and trouble-free professional relationship. The Rules of Professional Conduct, however, impose certain obligations on attorneys. One in particular, the rule governing joint legal representation, should be addressed even before our first meeting. Joint representation of spouses is common in estate planning. It generally reduces expenses and facilitates the coordination of a couple's estate plans. Nevertheless, conflicts of interest may occasionally arise. For example, it may be recommended that property be transferred between spouses or that confidential information be revealed. A lawyer representing spouses jointly cannot conceal information from either, take action for one spouse detrimental to the other, or even terminate representation of one spouse without advising the other. Please sign below before returning this Questionnaire if you wish to proceed with joint representation.

We agree to proceed on the basis of joint representation, pending the future approval by us and by Law Office of Pamela L. Grutman, P.L.L.C. of a full engagement agreement. Additionally, the information provided must 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature

### 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.*

Client's Spouse or Second Grantor'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 \_\_\_\_\_ Date of Current Marriage/ 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 \_\_\_\_\_

### 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.

<b>Assets</b>	<b>Amount*</b>		
	<b>Spouse 1</b>	<b>Joint</b>	<b>Spouse 2</b>
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			
<b>Liabilities</b>	<b>Spouse 1</b>	<b>Joint</b>	<b>Spouse 2</b>
Life Insurance Loans			
Charitable Pledges			
Lawsuits			
Taxes			
<b>Net Assets:</b>			

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>Spouse 1</i>	<b>Initial</b>	<b>Successor</b>
	Name, Address, Telephone Number, and Relationship	Name, Address, Telephone Number, and Relationship
<b>GUARDIAN FOR CHILDREN UNDER THE AGE OF 18</b> If you wish to nominate separate guardians for each of your children, please list separately.		
<b>PERSONAL REPRESENTATIVE FOR YOUR ESTATE (“Executor”)</b>		
<b>TRUSTEE</b> 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? (		
<b>POWER OF ATTORNEY:</b> If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?		
<b>HEALTH CARE:</b> If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?		

<i>Spouse 2</i>	<b>Initial</b>	<b>Successor</b>
	Name, Address, Telephone Number, and Relationship	Name, Address, Telephone Number, and Relationship
<b>GUARDIAN FOR CHILDREN UNDER THE AGE OF 18</b> If you wish to nominate separate guardians for each of your children, please list separately.		
<b>PERSONAL REPRESENTATIVE FOR YOUR ESTATE (“Executor”)</b>		
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<b>POWER OF ATTORNEY:</b> If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?		
<b>HEALTH CARE:</b> If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?		





### 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 SPOUSE 1:**

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

**FOR SPOUSE 2:**

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 SPOUSE 1:**
- 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.

- FOR SPOUSE 2:**
- 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:

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