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ESTATE PLANNING DATA SHEET

NOTE: PLEASE USE NAMES AS USUALLY DONE FOR BUSINESS AND AS YOU WANT THEM TO APPEAR IN YOUR ESTATE PLANNING DOCUMENTS

SKIP AREAS WHICH DO NOT APPLY AND NOTE THAT APPROXIMATE VALUES ARE ADEQUATE FOR PRELIMINARY PLANNING

PLEASE LIST ANY QUESTIONS OR ADDITIONAL INFORMATION ON A SEPARATE PAGE

A. PERSONAL AND FAMILY DATA

Husband: _____ DOB: _____ SS#: _____

Wife: _____ DOB: _____ SS#: _____

Husband Driver License No: _____ Wife Driver License No. _____

Home Address: _____

Husband Business Address: _____

Wife Business Address: _____

Phone: Home _____ Husband Cell _____ Wife Cell _____

Husband Business _____ Wife Business _____

Husband E-Mail Address: _____ Wife E-Mail Address: _____

State & County of Residence _____

Citizenship: Husband: USA [] Other: [] Year Ohio residence established: _____

Citizenship: Wife: USA [] Other: [] Year Ohio residence established: _____

Ever live in a community property state? Yes [] No []

If yes, in which state during what period: _____

Are you a veteran? Husband: Yes [] No [] Wife: Yes [] No []

If yes, please provide copies of discharge papers

Children of this Marriage (Including those legally adopted*):

Name	Date of Birth	Marital Status	Spouse's Name

* If any children adopted, please attach details

Prior Marriages (If applicable):**

	Husband	Wife
Prior Spouse		
Date of Marriage		
Date of Dissolution		
Children of Prior Marriage		

**Please provide copies of any divorce decrees, property settlement agreements, and related documents.

Deceased Children and their Issue:

Name of Deceased Child	Name of Deceased Child's Son/Daughter

Grandchildren:

Name of Grandchild	Name of Parents	Date of Birth

Professional Advisors:

Accountant

Name: _____

Address: _____

Telephone: _____

Financial Advisor

Name: _____

Address: _____

Telephone: _____

Life Insurance:

Company	Death Benefit	Approximate Cash Value	Person Insured	Owner	Beneficiary

Bank and Brokerage Accounts:

Institution	Approximate Balance	In Whose Name

Securities:

Company	No. of Shares	Date of Purchase	Original Cost	Approximate Market Value	In Whose Name

Retirement Plans (IRA, 401(k), 403(b), Pensions, Qualified Plans):

Description	Value

Business Interests:

Please use the following descriptions in the “Type” column below: SP (Sole Proprietorship); GP (General Partnership); LP (Limited Partnership); C (Corporation); SC (Sub-S Corporation); LLC (Limited Liability Company)

Type	Description	Fair Market Value

Automobiles, Boats, Motorcycles:

Description	Fair Market Value

Personal Property (jewelry, art, collectibles):

Description	Original Cost	Fair Market Value

Other Assets:

Description	Value

Debts (Credit Cards, Notes Payable, Mortgages, Home Equity Loans):

Type of Debt	To Whom Owed	Liability Amount

Safe Deposit Box

Location of Safe Deposit Box: _____

Who has access to the Safe Deposit Box? _____

C. IMPORTANT DOCUMENTS TO BE EXAMINED:

Do you currently have a Will or Trust:? Yes [] No []

Please provide copies of the following documents if any:

- Existing Wills and Trust Agreements**
- Real Property Deeds**
- Partnership and Corporate Agreements and Tax Returns**
- Retirement and Deferred Compensation Agreements**
- Life Insurance Policies**
- Powers of Attorney**

D. WILL AND TRUST PROVISIONS DESIRED BY CLIENT

General Disposition Intentions:

Bequests to Specific Individuals: _____

Bequests to charities, churches, or other non-profit organizations: _____

Disposition of Residue of your Estate: _____

Ultimate Beneficiary (If none of your descendants are living at the time of your death, where do you want your estate to go? Example: all to your family; 1/2 to your family and 1/2 to your deceased spouse's family):

Do you have children with special educational, medical, or financial needs? Yes []
No []

If yes, describe _____

Special Instructions regarding burial, cremation, etc.: _____

Do you intend to make any lifetime gifts? Yes [] No []

If yes, describe: _____

Personal Representative/Executor of Will:

It is advisable for the surviving spouse to serve as Executor. If he or she does not wish to serve alone, another responsible person (possibly an adult child) can be named to serve with him or her.

For Husband:

Initial Executor:	Address/Phone Number	Relationship to Testator (you):

Alternate Executor(s):	Address/Phone Number	Relationship to Testator (you):

For Wife:

Initial Executor:	Address/Phone Number	Relationship to Testator (you):

Alternate Executor(s):	Address/Phone Number	Relationship to Testator (you):

Guardians for Minor Children (if any):

Until children reach age 18, they must have a guardian with respect to both their person and any property. Parents are the natural guardians of their children. In the event both parents are deceased, a Guardian should be named for minor children.

Guardian	Address/Phone Number	Relationship to Testator

Successor Guardian(s)	Address/Phone Number	Relationship to Testator

Trustee for Living Trust:

The Grantor (person creating a Trust) may serve as the initial Trustee during his or her lifetime. The spouse of the Grantor is usually named as successor Trustee upon the Grantor's death. One or more successor Trustees should be named in the event the spouse is unable to serve or predeceases the Grantor.

For Husband

Initial Trustee(s):	Address/Phone Number	Relationship to Grantor (you):

Successor Trustee(s):	Address/Phone Number	Relationship to Grantor (you):

For Wife

Initial Trustee(s):	Address/Phone Number	Relationship to Grantor (you):

Successor Trustee(s):	Address/Phone Number	Relationship to Grantor (you):

E. POWERS OF ATTORNEY

Powers of Attorney are used to authorize someone to act on your behalf. There are two types of such powers: a “General Power of Attorney” and a “Health Care Power of Attorney.” The General Power appoints an agent to act for you in connection with financial matters and to manage your assets. The Health Care Power appoints an agent to make health care decisions for you in the event of your incapacity.

General Power of Attorney:

For Husband

Name of Agent:	Address/Phone Number	Relationship to Principal (you):
Initial:		
Alternate:		

For Wife

Name of Agent:	Address/Phone Number	Relationship to Principal (you):
Initial:		
Alternate:		

Health Care Power of Attorney:

For Husband

Name of Agent:	Address/Phone Number	Relationship to Principal (you):
Initial:		
Alternate:		

For Wife

Name of Agent:	Address/Phone Number	Relationship to Principal (you):
Initial:		
Alternate:		

We hereby verify that the information contained herein is correct to the best of our knowledge.

Date: _____

Husband Signature

Wife Signature