

# JOSEPH L. MOTTA CO., LPA

32730 Walker Road, Suite I-6

Avon Lake, Ohio 44012

Phone: (440) 930-2826

Fax: (440) 930-2829

E-Mail: joseph@JosephLMotta.com

www.JosephLMotta.com

## ESTATE PLANNING DATA SHEET

NOTE: PLEASE USE NAME AS USUALLY DONE FOR BUSINESS AND AS YOU WANT IT 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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS No.: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Citizenship: 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? Yes [ ] No [ ]

If yes, please attach copy of discharge papers

Are you the widow/widower of a veteran? Yes [ ] No [ ]

**Children (Including those legally adopted):**

<b>Name</b>	<b>Date of Birth</b>	<b>Marital Status</b>	<b>Spouse's Name</b>

**Deceased Children and their Issue:**

<b>Name of Deceased Child</b>	<b>Name of Deceased Child's Son\Daughter</b>

**Grandchildren:**

<b>Name of Grandchild</b>	<b>Name of Parents</b>	<b>Date of Birth</b>

**Prior Marriage**

Was there a prior marriage? Yes [ ] No [ ]

If divorced, please provide copies of decree and related agreements

**Parents and Siblings**

Names of Living Parents: \_\_\_\_\_

Names of Living Brothers and Sisters: \_\_\_\_\_

\_\_\_\_\_

**Professional Advisors:**

**Accountant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Financial Advisor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Insurance Agent**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**B. ASSET INFORMATION**

Do you:

- (a) Expect to inherit something from parents or others? Yes [ ] No [ ]
- (b) Expect to receive benefits from a retirement plan? Yes [ ] No [ ]
- (c) Have powers of appointment? Yes [ ] No [ ]
- (d) Expect to receive gifts from parents or others? Yes [ ] No [ ]
- (e) Have beneficial interests in trusts? Yes [ ] No [ ]
- (f) Have an interest in a Buy-Sell Agreement? Yes [ ] No [ ]

Have you considered prepaying your funeral and burial expenses? Yes [ ] No [ ]

**Real Estate:**

Location and Type	Approximate Value of Equity	Cost Basis	How Is Title Held?

**Life Insurance:**

Company	Death Benefit	Approximate Cash Value	Person Insured	Owner	Beneficiary

**Bank and Brokerage Accounts:**

Institution	Approximate Balance	In Whose Name(s)?

**Securities:**

<b>Company</b>	<b>No. of Shares</b>	<b>Date of Purchase</b>	<b>Original Cost</b>	<b>Approximate Market Value</b>	<b>In Whose Name?</b>

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

<b>Description</b>	<b>Value</b>

**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)

<b>Type</b>	<b>Description</b>	<b>Fair Market Value</b>

**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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instructions regarding burial, cremation, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Personal Representative/Executor of Will:**

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

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

**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.

<b>Guardian(s)</b>	<b>Address/Phone Number</b>	<b>Relationship to Testator</b>

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

**Trustee for Living Trust:**

The Grantor (the person who creates the Trust) may serve as the initial Trustee of the Trust during his or her lifetime. One or more successor Trustees should be named to serve upon the death or incapacity of the Grantor.

<b>Initial Trustee:</b>	<b>Address/Phone Number</b>	<b>Relationship to Grantor (you):</b>

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

**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:**

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

**Health Care Power of Attorney:**

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

I hereby verify that the information contained herein is correct to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature