

# JOSEPH L. MOTTA Co., LPA

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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\*):**

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

\* If any children adopted, please attach details

**Prior Marriages (If applicable\*\*):**

	<b>Husband</b>	<b>Wife</b>
<b>Prior Spouse</b>		
<b>Date of Marriage</b>		
<b>Date of Dissolution</b>		
<b>Children of Prior Marriage</b>		

\*\*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:**

<b>Company</b>	<b>Death Benefit</b>	<b>Approximate Cash Value</b>	<b>Person Insured</b>	<b>Owner</b>	<b>Beneficiary</b>

**Bank and Brokerage Accounts:**

<b>Institution</b>	<b>Approximate Balance</b>	<b>In Whose Name</b>

**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):**

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):**

<b>Description</b>	<b>Original Cost</b>	<b>Fair Market Value</b>

**Other Assets:**

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

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

<b>Type of Debt</b>	<b>To Whom Owed</b>	<b>Liability Amount</b>

**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:

<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>

For Wife:

<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</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 (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

<b>Initial Trustee(s):</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>

For Wife

<b>Initial Trustee(s):</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:**

For Husband

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

For Wife

<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:**

For Husband

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

For Wife

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

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

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

\_\_\_\_\_  
Husband Signature

\_\_\_\_\_  
Wife Signature