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ESTATE PLANNING INFORMATION 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: _____

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 []

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

Children (Including those legally adopted):

Name	Date of Birth	Marital Status	Spouse's Name

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

Previous Marriage

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

If yes, provide name of former spouse and dates of marriage:

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 Accounts:

Institution	Approximate Balance	In Whose Name

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	Beneficiary

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	Percentage of Ownership	Fair Market Value

Automobiles, Boats, Motorcycles:

Year, Make and Model	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:

Requests to Specific Individuals: _____

Requests 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 _____

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

If yes, describe: _____

Personal Representative/Executor of Will:

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	Address/Phone Number	Relationship to Testator

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.

Initial Trustee	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:

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

Health Care Power of Attorney:

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

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

Date: _____

Client Signature