



The Spahn Law Firm, PLLC
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Attorney & Counselor at Law

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www.spahnlawfirm.com

Date: _____

INDIVIDUAL WITH CHILDREN

GENERAL INFORMATION

First Name Middle Last (Jr, II, III, IV)

Preferred Name

Street Address

City State Zip

County

Phone Numbers and E-mail:

Home Cell E-mail

Date of Birth Social Security Number

Other ID

Are you a US Citizen?

Yes No

EMPLOYMENT INFORMATION

Place of Employment / If Retired, Please Give Us Some Work History

Address

City, State, Zip

Work Phone

Work E-mail

FAMILY INFORMATION

CHILDREN

1. _____
First Middle Last Age

Address City State Zip

Phone _____ How many children do they have?

2. _____
First Middle Last Age

Address City State Zip

Phone _____ How many children do they have?

3. _____
First Middle Last Age

Address City State Zip

Phone _____ How many children do they have?

4. _____
First Middle Last Age

Address City State Zip

Phone _____ How many children do they have?

ASSET INFORMATION

Life Insurance / Annuities:

Company	How Titled / Owned	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____

IRAs, 401 (K)'s, Profit Sharing, etc.:

Company	How Titled / Owned	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____

Stocks, Bonds, Mutual Funds:

Company	How Titled / Owned	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____

Cash, CD's, Savings, Checking:

Banking Institute	How Titled / Owned	Authorized Users	Value
_____	_____	_____	_____

Residence:

Address	Mortgage (If Any)	Value
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Other Real Estate:

Address	Mortgage (If Any)	Value
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Business Interest:

Business	Other Partners / Shareholders	Value
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Cars:

Make / Model	Year	Outstanding Note	Value
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Notes Where People Owe You Money:

Debtor	Date Due	Value
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Jewelry, Furniture, Personal Property:

List any highly valued assets here	Value
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TOTAL ASSETS

INCOME INFORMATION

Possible Inheritance

Salary/Income:

Other Income:

TOTAL YEARLY INCOME:

***Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills.**

Did anyone refer you to us? Yes No

If yes, whom may we thank?

WHAT TOPICS WOULD YOU LIKE TO DISCUSS AT YOUR APPOINTMENT?

WHO DO YOU WANT TO NAME AS THE EXECUTOR AND ALTERNATE EXECUTORS, OF YOUR ESTATE?

(This is the person responsible for probating your will. This law office would be glad to provide the legal counsel necessary to help the executor.)

1.

2.

3.

WHO DO YOU WANT TO NAME AS TRUSTEE AND ALTERNATE TRUSTEES? IS IT THE SAME AS ABOVE?

(This is probably the same as Executors, above.)

1.

2.

3.

HOW DO YOU WANT YOUR ASSETS TO BE DISTRIBUTED?

	Name(s)	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR (FINANCIAL) DURABLE POWER OF ATTORNEY? *(This is probably the same as Executors, above. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or tax return, or to make gifts of your property.)*

(1)

Name:

Address:

City State Zip

(2)

Name

Address

City State Zip

(3)

Name

Address

City State Zip

IS THE ABOVE THE SAME AS WHOM YOU WOULD DECLARE AS YOUR GUARDIAN?
(In case of long term disability, you may have a guardian of your person and estate. It may be the same choice as this power of attorney, it may be whom you name below, the person you give medical power of attorney to. Don't worry, we will discuss.)

**WHO DO YOU WANT AS TO NAME AS AGENT ON YOUR MEDICAL
POWER OF ATTORNEY?**
(In other words, who do you trust to be able to listen to doctors, then direct the Doctor's actions?)

(1)

Name

Address

Phone

(2)

Name

Address

Phone

(3)

Name

Address

Phone

WE WILL WANT A SEPARATE HIPAA RELEASE NAMING THOSE ABOVE. ARE THERE OTHERS YOU WOULD LIKE TO INCLUDE? IF SO PLEASE PROVIDE NAME ADDRESS AND PHONE NUMBERS:

HAVE YOU CONSIDERED AN ADVANCED DIRECTIVE TO PHYSICIANS? (Most commonly called a living will)

DO YOU HAVE OTHER ISSUES OR CONCERNS TO DISCUSS?
(Like organ donation or declaring an agent to handle your memorial)

DO YOU PLAN TO BE BURIED OR CREMATED?

Where do you plan to keep your original documents? _____

You are the focus of our firm. Come experience dedication and humble service from the lawyers you like.