



The Spahn Law Firm, PLLC
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Attorney & Counselor at Law

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Date: _____

MARRIED WITH CHILDREN PRELIMINARY INFORMATION

GENERAL INFORMATION

Husband's First Name Middle Last (Jr, II, III, IV)

Preferred Name

Wife's First Name Middle Last (Jr, II, III, IV)

Preferred Name

Street Address

City State Zip County

Phone Numbers and E-mail:

Home

His Cell

Her cell

His E-mail

Her E-mail

Husband

Wife

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Other ID

Other ID

Are you a US Citizen?

Yes No

Are you a US Citizen?

Yes No

Is this your first marriage?

Yes No

Yes No

If not first marriage.....

Previous Spouse's Name

Previous Spouse's Name

Date of Marriage _____

Date of Marriage _____

Date of Termination _____

Date of Termination _____

What state was Termination _____

What state was Termination _____

EMPLOYMENT INFORMATION
(If Retired, Please Give Us Some Work History)

Place of Employment

Place of Employment

Address

Address

City, State, Zip

City, State, Zip

Work Phone

Work Phone

Work E-mail

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?

5. _____
First Middle Last Age

Address City State Zip

Phone How many children do they have?

If parentage of child is different from husband and wife, please indicate which child(ren)

HUSBAND 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
_____	_____	_____

Other Real Estate:

Address	Mortgage (If Any)	Value
_____	_____	_____
_____	_____	_____

Business Interest:

Business	Other Partners / Shareholders	Value
_____	_____	_____

Cars:

Make / Model	Year	Outstanding Note	Value
_____	_____	_____	_____
_____	_____	_____	_____

Notes Where People Owe You Money:

Debtor	Date Due	Value
_____	_____	_____

Jewelry, Furniture, Personal Property:

List any highly valued assets here	Value
_____	_____

TOTAL ASSETS _____

WIFE 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
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_____	_____	_____	_____
_____	_____	_____	_____

Cash, CD's, Savings, Checking:

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

Residence:

Address	Mortgage	Value
_____	_____	_____

Other Real Estate:

Address	Mortgage	Value
_____	_____	_____
_____	_____	_____

Business Interest:

Business	Other Partners / Shareholders	Value
_____	_____	_____

Cars:

Make / Model	Year	Outstanding Note	Value
_____	_____	_____	_____
_____	_____	_____	_____

Notes Where People Owe You Money:

Debtor	Date Due	Value
_____	_____	_____

Jewelry, Furniture, Personal Property:

List	Value
_____	_____

TOTAL ASSETS _____

INCOME INFORMATION:

Possible Inheritance for Husband:
(From your parents, relatives, etc.) _____

Possible Inheritance for Wife:
(From your parents, relatives, etc.) _____

Husband's Income: _____

Wife's 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? _____

YOUR TEAM:

CPA _____

Phone: _____

Financial Advisor _____

Phone: _____

Insurance Agent (Home/Auto) _____

Phone: _____

WHAT TOPICS WOULD YOU LIKE TO DISCUSS AT YOUR APPOINTMENT?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

(Spouses normally name each other first. 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.)

Husband

Wife

1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

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

(The second choice here may be the same as choices 2 and 3 above. It may be the same as 1, 2, and 3 below; the same as guardians. You may choose a corporate trustee. This person will manage the trust that will provide for the HEMS (health, educations, maintenance and support of the beneficiaries of the trust).)

Husband

Wife

1. _____

2. _____

3. _____

1. _____

2. _____

3. _____

WHO DO YOU WANT TO NAME AS GUARDIAN OF YOU CHILDREN (if applicable)?

(Two persons can serve together as long as they are married. One person can be named singly even if they are married.)

Name(s)

Relationship

1. _____

2. _____

1. _____

2. _____

3. _____

3. _____

HOW DO YOU WANT YOUR ASSETS TO BE DISTRIBUTED? (All to surviving Spouse? Then to Kids? And on to further descendants?)

Name(s)

1. _____

2. _____

3. _____

Relationship

1. _____

2. _____

3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR (FINANCIAL) DURABLE POWER OF ATTORNEY? (Spouses normally name each other first. 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.)

Husband

(1) _____

Name: _____

Address: _____

City State Zip

Wife

(1) _____

Name: _____

Address: _____

City State Zip

(2) _____

Name _____

Address _____

City State Zip

(2) _____

Name _____

Address _____

City State Zip

(3) _____

Name _____

(3) _____

Name _____

Address

Address

City State Zip

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? *(Spouses normally name each other first.)*

Husband

Wife

(1)

(1)

Name

Name

Address

Address

Phone

Phone

(2)

(2)

Name

Name

Address

Address

Phone

Phone

(3)

(3)

Name

Name

Address

Address

Phone

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 my firm. Come
experience dedication and humble
service from the lawyer you like.*