



**The Spahn Law Firm, PLLC**  
**Matt W. Spahn**

*The Estate Planning Attorney with the Heart of a Teacher*

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

**CONFIDENTIAL**

**INDIVIDUAL WITH CHILDREN PRELIMINARY INFORMATION**

\_\_\_\_\_  
First Name                      Middle                      Last                      (Sr., Jr., etc.)

\_\_\_\_\_  
Preferred Name (*what I like to be called*)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip                      County

Phone Numbers and E-mail:

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security # (*not required*)

\_\_\_\_\_  
Other ID

Are you a US Citizen?

Yes  No

**EMPLOYMENT INFORMATION**

(If Retired, Please Give Us Some Work History)

Working  Retired

\_\_\_\_\_  
Company / Industry

\_\_\_\_\_  
What do / did you do?

\_\_\_\_\_  
Years working / worked

**MARITAL HISTORY**

Widowed  Divorced

\_\_\_\_\_  
Former spouse's name

Date of marriage \_\_\_\_\_

Date of divorce \_\_\_\_\_

State of divorce \_\_\_\_\_

Date of death \_\_\_\_\_

**FAMILY INFORMATION**

**CHILDREN**

1. \_\_\_\_\_  
First Middle Last DOB

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Marital Status Gender

\_\_\_\_\_  
Number of Children Name of Spouse

2. \_\_\_\_\_  
First Middle Last DOB

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Marital Status Gender

\_\_\_\_\_  
Number of Children Name of Spouse

3. \_\_\_\_\_

First	Middle	Last	DOB
_____			
Address	City	State	Zip
_____			
Phone		Marital Status	Gender
_____			
	Number of Children	Name of Spouse	
_____			

***ASSET INFORMATION***

<b>Life Insurance</b>			
<u>Company</u>	<u>How Titled/Owned</u>	<u>Beneficiary</u>	<u>Face Value</u> <i>Amt payable at death</i>
_____	_____	_____	_____
_____	_____	_____	_____

<b>Annuities</b>			
<u>Company</u>	<u>How Titled/Owned</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

<b>IRAs, 401 (K)'s, Profit Sharing, etc.</b>			
<u>Company</u>	<u>How Titled/Owned</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Investment Accounts/Stocks, Bonds, Mutual Fund**

<u>Company</u>	<u>How Titled / Owned</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Cash, CD's, Savings, Checking**

<u>Bank/Credit Union Name</u>	<u>How Titled / Owned</u>	<u>Authorized Users</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Residence/Home**

<u>Address</u>	<u>County</u>	<u>Mortgage Balance</u>	<u>Value of Home</u>
_____	_____	_____	_____

**Other Real Estate**

<u>Address</u>	<u>County</u>	<u>Mortgage Balance</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Business Interest**

<u>Business</u>	<u>% Owned by You</u>	<u>Value</u>
_____	_____	_____

**Cars**

<u>Make / Model</u>	<u>Year</u>	<u>Outstanding Note</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Notes Receivable** *(This is a debt payable to you.)*

<u>Debtor</u>	<u>Date Due</u>	<u>Outstanding Bal.</u>	<u>Value</u>
_____	_____	_____	_____

**Personal Property**

*[Total value of all the contents in & around your home.  
(e.g., furniture, jewelry, household items, collectibles, etc.)]*

Total

\_\_\_\_\_

**TOTAL ASSETS**

\_\_\_\_\_

***INCOME INFORMATION:***

Possible Inheritance

*(From your parents, relatives, etc.)*

\_\_\_\_\_

Income:

\_\_\_\_\_

Other Income:

\_\_\_\_\_

Total Yearly Income:

\_\_\_\_\_

Did anyone refer you to us?

Yes

No

Who?

\_\_\_\_\_

May we send a thank you note?

Yes

No

***YOUR TEAM:***

CPA

\_\_\_\_\_

\_\_\_\_\_ (phone #)

Financial Advisor

\_\_\_\_\_

\_\_\_\_\_ (phone #)

Insurance Agent (Home/Auto)

\_\_\_\_\_

\_\_\_\_\_ (phone #)

**WHAT TOPICS WOULD YOU LIKE TO DISCUSS AT YOUR APPOINTMENT?**

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**NAME YOUR 1<sup>ST</sup> CHOICE FOR EXECUTOR/TRUSTEE OF YOUR ESTATE**

*(You may name co-executors/trustees.)*

1. \_\_\_\_\_

**WHO DO YOU NAME AS ALTERNATES IN CASE YOUR 1<sup>ST</sup> CHOICE CANNOT SERVE?**

2. \_\_\_\_\_

3. \_\_\_\_\_

**WHO DO YOU WANT TO NAME AS GUARDIAN OF YOUR MINOR CHILDREN**

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**HOW DO YOU WANT YOUR ASSETS TO BE DISTRIBUTED?**

*(All to Kids? And on to further descendants?)*

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**WHO DO YOU WANT TO NAME AS AGENT ON YOUR (FINANCIAL) DURABLE POWER OF ATTORNEY?** *(The alternates are usually the same as your alternate executors/trustees. 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.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**HAVE YOU CONSIDERED A DIRECTIVE TO PHYSICIANS & FAMILY?**  
*(most commonly called a Living Will)*

\_\_\_\_\_

**DO YOU HAVE OTHER ISSUES OR CONCERNS TO DISCUSS?**  
*(like organ donation)*

\_\_\_\_\_

\_\_\_\_\_

**The Spahn Law Firm**  
*Protecting and Preserving What's Most Precious to You*