

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

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

1001 Westgate, San Antonio, Texas 78209
PHONE 210-880-4012 FAX 210-853-2036
www.spahnlawfirm.com

| Date:             | <i>CO</i> .               | NFIDENTIA  | L          |                         |
|-------------------|---------------------------|------------|------------|-------------------------|
| INDIVID           | UAL WITH CHILL            | OREN PRELI | MINARY     | INFORMATION             |
| First Name        | Middle                    | Last       |            | (Sr., Jr., etc.)        |
| Preferred Name (v | vhat I like to be called) | _          |            |                         |
| Street Address    |                           |            |            |                         |
| City              | State                     | e          | Zip        | County                  |
| Phone Numbers a   | nd E-mail:                |            |            |                         |
| Home              |                           | Cell       |            | E-mail                  |
| Date of Bir       | rth                       |            | Social Sec | curity # (not required) |
| Other ID          |                           |            |            |                         |
| Are you a US Citi | zen?<br>]                 |            |            |                         |

#### **EMPLOYMENT INFORMATION**

#### MARITAL HISTORY

(If Retired, Please Give Us Some Work History)

|    | (1) Retired, I tease o | we os some work mistory) |      |                    |             |
|----|------------------------|--------------------------|------|--------------------|-------------|
|    | Working [              | Retired                  |      | Widowed            | Divorced    |
|    | Compai                 | ny / Industry            |      | Former sp          | ouse's name |
|    |                        |                          |      | Date of marriage _ |             |
|    | What d                 | o / did you do?          |      | Date of divorce    |             |
|    | Years w                | vorking / worked         |      | State of divorce   |             |
|    |                        |                          |      | Date of death      |             |
|    |                        | FAMILY INFO              |      | TION               |             |
|    |                        | CHILDI                   | KEN  |                    |             |
| 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 INFO                     | RMATION            |                                 |
| Life Insurance<br><u>Company</u>          | How Titled/Owned               | <u>Beneficiary</u> | Face Value Amt payable at death |
|   |                                |                    |                                 |
| Annuities<br>Company                      | How Titled/Owned               | Beneficiary        | <u>Value</u>                    |
|   |                                |                    |                                 |
| IRAs, 401 (K)'s, Profit<br><u>Company</u> | Sharing, etc. How Titled/Owned | Beneficiary        | <u>Value</u>                    |
|   |                                |                    |                                 |
|   |                                |                    |                                 |

| Investment Accounts/Standard                    | tocks, Bonds, Mutual Fund How Titled / Owned | Beneficiary      | <u>Value</u>  |
|---|--|------------------|---------------|
| Cash, CD's, Savings, Cl<br>Bank/Credit Union Na | hecking<br>me How Titled / Owned             | Authorized Users | Value         |
| Residence/Home Address                          | County                                       | Mortgage Balance | Value of Home |
| Other Real Estate Address                       | <u>County</u>                                | Mortgage Balance | <u>Value</u>  |
| Business Interest Business                      | % Owned                                      | by You           | <u>Value</u>  |
| Cars <u>Make / Model</u>                        | <u>Year</u>                                  | Outstanding Note | <u>Value</u>  |
|   |  |                  |               |

| Notes Receivable (This is  | a debt payable to you.) |                  |              |
|--|-------------------------|------------------|--------------|
| <u>Debtor</u>  | Date Due                | Outstanding Bal. | <u>Value</u> |
|  |                         |                  |              |
| D 1D 4   |                         |                  | T 1          |
| Personal Property [Total value of all the contour. (e.g., furniture, jewelry, ho |                         |                  | <u>Total</u> |
| (g, j,, j),  | ,                       | .,,1             |              |
|  |                         | TOTAL ASSETS     |              |
|  | INCOME INF              | FORMATION:       |              |
| Possible Inheritance (From your parents, relations)                              | tives, etc.)            |                  |              |
| Income:  |                         |                  |              |
| Other Income:  |                         |                  |              |
| Total Yearly Income:   |                         |                  |              |
|  |                         |                  |              |
| Did anyone refer you to u  | s? Yes No               | Who?             |              |
| May we send a thank you  | note? Yes No            | )                |              |
|  | YOUR :                  | TEAM.            |              |
|  | 100K                    | I LAM;           |              |
| CPA  |                         |                  | (1 (1)       |
| Figure 1.1 A design  |                         |                  | (phone #)    |
| Financial Advisor  |                         |                  | (phone #)    |
| Insurance Agent (Home/A  | Auto)                   |                  | (phone #)    |
|  |                         |                  | (L-11111)    |

| NAM                      | <b>IE YOUR 1<sup>ST</sup> CHOICE FOR EXECUTOR/TRUSTEE OF YOUR ESTATE</b> (You may name co-executors/trustees.)  |
|--------------------------|---|
| 1                        |   |
| D <b>O Y</b>             | OU NAME AS ALTERNATES IN CASE YOUR 1 <sup>ST</sup> CHOICE CANNOT S  |
| 2                        |   |
| 2                        |   |
| •                        |   |
|                          |   |
| U <b>HA</b>              | <b>VE MINOR CHILDREN WHO WOULD YOU APPOINT AS GUARDIAN</b> ns can serve together as long as they are married. One person can be named even if they are married.)  |
| U <b>HA</b><br>perso     | <b>VE MINOR CHILDREN WHO WOULD YOU APPOINT AS GUARDIAN</b><br>ns can serve together as long as they are married. One person can be named<br>even if they are married.)                                    |
| U <b>HA</b><br>perso     | VE MINOR CHILDREN WHO WOULD YOU APPOINT AS GUARDIAN<br>ns can serve together as long as they are married. One person can be named   |
| U <b>HA</b><br>perso     | <b>VE MINOR CHILDREN WHO WOULD YOU APPOINT AS GUARDIAN</b><br>ns can serve together as long as they are married. One person can be named<br>even if they are married.)                                    |
| I <b>HA</b> person  1  2 | <b>VE MINOR CHILDREN WHO WOULD YOU APPOINT AS GUARDIAN</b><br>ns can serve together as long as they are married. One person can be named<br>even if they are married.)                                    |
| U <b>HA</b> perso.  1 2  | <b>VE MINOR CHILDREN WHO WOULD YOU APPOINT AS GUARDIAN</b><br>ns can serve together as long as they are married. One person can be named<br>even if they are married.)                                    |
| U <b>HA</b> perso.  1 2  | VE MINOR CHILDREN WHO WOULD YOU APPOINT AS GUARDIAN ns can serve together as long as they are married. One person can be named even if they are married.)  HOW DO YOU WANT YOUR ASSETS TO BE DISTRIBUTED? |

# 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 1. \_\_\_\_\_ 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?) 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)

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

The Spahn Law Firm

Protecting and Preserving What's Most Precious to You