



**The Spahn Law Firm, PLLC**  
**Matt W. Spahn**  
*The Estate Planning Attorney with the Heart of a Teacher*

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Date: \_\_\_\_\_ **CONFIDENTIAL**

***MARRIED WITH NO CHILDREN PRELIMINARY INFORMATION***

\_\_\_\_\_  
Husband's First Name                      Middle                      Last                      (*Sr., Jr., etc.*)

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

\_\_\_\_\_  
Wife's First Name                      Middle                      Last

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

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

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

\_\_\_\_\_  
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

Is this your first marriage?  
Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Husband**

**Wife**

Working  Retired

Working  Retired

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

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

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

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

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

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

**HUSBAND ASSET INFORMATION**

**Life Insurance**

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

**Annuities**

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

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

<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>
_____	_____	_____	_____
_____	_____	_____	_____

<b>Residence/Home</b>			
<u>Address</u>	<u>County</u>	<u>Mortgage Balance</u>	<u>Value of Home</u>

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<b>Other Real Estate</b>			
<u>Address</u>	<u>County</u>	<u>Mortgage Balance</u>	<u>Value</u>

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<b>Business Interest</b>			
<u>Business</u>	<u>% Owned by You</u>		<u>Value</u>

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<b>Cars</b>			
<u>Make / Model</u>	<u>Year</u>	<u>Outstanding Note</u>	<u>Value</u>

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<b>Notes Receivable</b> <i>(This is a debt payable to you.)</i>			
<u>Debtor</u>	<u>Date Due</u>	<u>Outstanding Bal.</u>	<u>Value</u>

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<b>Personal Property</b>			<u>Total</u>
<i>[Total value of all the contents in &amp; around your home. (e.g., furniture, jewelry, household items, collectibles, etc.)]</i>			

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**HUSBAND'S TOTAL ASSETS**

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**WIFE ASSET INFORMATION**  
*[no need to list community property twice]*

<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>
_____	_____	_____	_____
_____	_____	_____	_____

<b>Investments/Stocks, Bonds, Mutual Funds</b>			
<u>Company</u>	<u>How Titled/Owned</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

<b>Cash, CD's, Savings, Checking</b>			
<u>Bank/Credit Union Name</u>	<u>How Titled /Owned</u>	<u>Authorized Users</u>	<u>Value</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

\_\_\_\_\_

**HUSBAND'S TOTAL ASSETS**

\_\_\_\_\_

**WIFE'S TOTAL ASSETS**

\_\_\_\_\_

**TOTAL COMBINED HUSBAND'S & WIFE'S**

\_\_\_\_\_

**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: \_\_\_\_\_

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?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME YOUR 1<sup>ST</sup> CHOICE FOR EXECUTOR/TRUSTEE OF YOUR ESTATE**  
*(You may name co-executors/trustees. Spouses normally name each other first.)*

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

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

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

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

**HOW DO YOU WANT YOUR ASSETS TO BE DISTRIBUTED?**  
*(All to surviving Spouse?)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO DO YOU WANT TO NAME AS AGENT ON YOUR (FINANCIAL) DURABLE POWER OF ATTORNEY?** *(Spouses normally name each other first. 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? Spouses normally name each other first. Often, you will choose different alternates)

Husband  
(Name)

Wife  
(Name)

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

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

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

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

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

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*