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## **CLIENT INTERVIEW SHEET**

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

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your legal problem. All information will be held in strict confidence.

### **PART 1: PERSONAL DATA**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Spouse's Names (if any): \_\_\_\_\_

Religion: \_\_\_\_\_

Are you currently married? Yes / No      Are you a U.S. citizen? Yes / No

**CHILDREN'S INFORMATION (If Any):**

Name	Living?	Age	Birthdate	Married?	Residence City/State
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent if not your present spouse.

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

**OTHER DEPENDENTS, IF ANY:**

Name:	Age:	Residence:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRANDCHILDREN'S INFORMATION, IF ANY:**

Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____ _____
Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____ _____
Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____ _____

Do you presently have a Will? Yes / No

If so, what is the date on the Will? \_\_\_\_\_

Was it signed in Texas? Yes / No      If not, where? \_\_\_\_\_

Amended Will or Codicil? Yes / No      Date: \_\_\_\_\_

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: \_\_\_ No: \_\_\_

If so, what is the name and date of the trust?

\_\_\_\_\_

## PART 2-A: YOUR DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will:

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## PART 3-A: YOUR DESIGNEES

**EXECUTOR** (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: \_\_\_\_\_  
1st Alternate Executor: \_\_\_\_\_  
2nd Alternate Executor: \_\_\_\_\_  
3rd Alternate Executor: \_\_\_\_\_

## PART 4: ASSETS

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.) FILL OUT ONLY IF THE ACCOUNTS ARE NOT PAY ON DEATH (POD) OR HAS RIGHTS OF SURVIVORSHIP

### ACCOUNTS

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Last four account numbers: \_\_\_\_\_

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Account title: \_\_\_\_\_  
Last four account numbers: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Last four account numbers: \_\_\_\_\_

**REAL ESTATE:** (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

Street address: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**MINERAL INTERESTS:** (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**MOTOR VEHICLES, MOBILE HOMES, BOATS, TRAILERS, AIRPLANES, CYCLES,  
RECREATIONAL VEHICLES, ETC:**

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

**RETIREMENT BENEFITS:** (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER) \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER) \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**LIFE INSURANCE:**

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**BROKERAGE /MUTUAL FUND ACCOUNTS:**

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Last four account number (and numbers of subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Last four account number (and numbers of subaccounts if any): \_\_\_\_\_  
Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**STOCKS, BONDS & OTHER SECURITIES:** (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other) \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other) \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS:** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublic traded business entities)

Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY** (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ANNUITIES:**

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_