



**GLENN LAW OFFICES**  
Elder Law Attorney

Serving Palm Beach County  
Offices in Boca Raton and Boynton Beach

**561-347-1071**

[WWW.BOCAELDERLAW.COM](http://WWW.BOCAELDERLAW.COM)

**ESTATE PLANNING PRELIMINARY DATA SHEET  
2015**

**All information is confidential and being provided to the firm as part of a legal consultation and will remain private.**

Completing this prior to your appointment will allow us more time during our meeting for you to share more details about what your desires and goals and for me to share my legal knowledge and insights with you. I also encourage you to bring a list of questions you have related to estate planning and elder law issues.

**BASIC CLIENT INFORMATION:**

<b>1</b>	<b>CLIENT FULL NAME</b>					
	<b>MARITAL STATUS</b>	<b>Single:</b> _____	<b>Married</b> _____	<b>Separated:</b> _____	<b>Divorced</b> _____	<b>Widow</b> _____
	If Married: Is this a Second Marriage	_____ <b>NO</b>	_____ <b>YES</b>	Divorce date _____		
		Getting Alimony (1st)? _____ Yes _____ No	Alimony amt/Month: _____			
		Paying Alimony (1 <sup>st</sup> )? _____ Yes _____ No	Alimony pay amt/month _____			
	<b>ADDRESS</b>					
	<b>CITY, STATE ZIP</b>					
	<b>COUNTY</b>					
	<b>PHONES</b>	<b>HOME:</b> _____	<b>CELL:</b> _____	<b>WORK:</b> _____		
	<b>EMAIL</b>					
	<b>DOB</b>					
	<b>CITIZENSHIP</b>	U.S.A. _____	OTHER: _____			
	<b>ARE YOU A VETERAN</b>	Yes _____	No _____	Discharge Date: _____		

(If Applicable)

<b>2</b>	<b>SPOUSE FULL NAME</b>					
	Second Marriage for Spouse?	_____ <b>NO</b>	_____ <b>YES</b>	Divorce Date: _____		
		Getting Alimony? _____ Yes _____ No	Alimony amt/Month: _____			
		Paying Alimony? _____ Yes _____ No	Alimony to pay amt/month _____			
	<b>SPOUSE PHONE</b>	<b>HOME:</b> _____	<b>CELL:</b> _____	<b>WORK:</b> _____		
	<b>EMAIL</b>					
	<b>CITIZENSHIP</b>	U.S.A. _____	OTHER: _____			
	<b>DOB</b>					
	<b>SPOUSE A VETERAN</b>	Yes _____	No _____	Discharge Date: _____		

**CHILDREN OF CLIENT**

	<b>Full Name</b>	<b>Age</b>	<b>Disabled</b>	<b>Address</b>	<b>Phone</b>
<b>3</b>					
<b>4</b>					
<b>5</b>					



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**CHILDREN OF SPOUSE**

*(If spouse had children from prior marriage)*

	Full Name	Age	Disabled	Address	Phone and E-Mail
6					
7					
8					



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ASSETS				
Asset	Client	Spouse	Joint	Total
<b>Primary Residence:</b>				
1 <sup>st</sup> Mortgage				
2 <sup>nd</sup> Mortgage				
<b>Additional Residence</b>				
1 <sup>st</sup> Mortgage				
2 <sup>nd</sup> Mortgage				
<b>Vehicle 1:</b>				
Owed on Car:				
<b>Vehicle 2:</b>				
Owed on car				
<b>Recreation Vehicle:</b>				
Owed:				
<b>Cash</b>				
<b>Savings #1</b>				
<b>Checking #1</b>				
<b>Checking #2</b>				
<b>Money Market</b>				
<b>Brokerage Account</b>				
<b>CD</b>				
<b>Bonds</b>				
<b>IRA</b>				
<b>Life Insurance</b>				
Date Purchased:				
Type				
Cash Value				
Death benefit				
<b>Funeral Plans</b>				
<b>Rental Property</b>				
<b>Land</b>				
<b>Other</b>				



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<b>TOTAL</b>				
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<b>MONTHLY INCOME SCHEDULE</b>			
<b>Source</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Joint</b>
Gross Wages			
Gross Soc. Security (RIB Retirement)			
Soc Sec Disability Income			
SSI			
IRA			
401(k)			
Pension			
Annuity			
CD Interest			
Interest			
Dividend			
Rental Property (Net Income)			
Business (Net profit)			
Long Term Care Insurance Income			
VA Retirement Income			
VA Disability Income			
VA Aid Attendance			
<b>Gross Total Income</b>			

