

**PARTNERSHIP PLANNING QUESTIONNAIRE**

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**McMillan Metro, P.C.**

ATTORNEYS AT LAW

MARYLAND • VIRGINIA • WASHINGTON, D.C.

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

<b>PERSONAL AND FAMILY DATA</b>		
	Person #1	Person #2
Full legal name	Mr./Ms./Dr.	Mr./Ms./Dr.
Social Security #		
Date of birth		

How long have you been together? \_\_\_\_\_ Anniversary date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

How did you learn about our firm? \_\_\_\_\_

<b>RESIDENCE CONTACT INFO</b>		
	Person #1	Person #2
Address		
Telephone		
Cell Phone		
Fax		
Email		

<b>BUSINESS CONTACT INFO</b>		
	Person #1	Person #2
Business/Employer Name & Address		
Telephone		
Fax		
Email		
Description of Business/ Profession		

**MARRIAGES, CIVIL UNIONS & DOMESTIC PARTNERSHIPS  
(current and former, if applicable)**

	Person #1	Person #2
Spouse (current/former)		
Date & place		
Date of dissolution (if any)		
Court of dissolution (if any)		

**CHILDREN AND/OR DEPENDENTS**

Do you plan to have children in the future? Yes \_\_\_\_ No \_\_\_\_ Maybe \_\_\_\_

**Person #1 – Children, including those legally adopted**

Name	Date of birth	Residence (City, State)	Profession/Business	Name of partner/ spouse

**Person #2 – Children, including those legally adopted**


**GRANDCHILDREN**

**Person #1 - Grandchildren**

Name of grandchild	Date of birth	Name of parent

**Person #2 - Grandchildren**


<b>LIVING PARENTS</b>			
<b>Person #1 – Living Parents</b>			
<b>Name of parent</b>	<b>Age</b>	<b>Residence (City &amp; State)</b>	<b>State of health</b>
<b>Person #2 – Living Parents</b>			

<b>BROTHERS &amp; SISTERS</b>			
<b>Person #1 – Brothers &amp; Sisters</b>			
<b>Name of sibling</b>	<b>Age</b>	<b>Residence (City &amp; State)</b>	<b>State of health</b>
<b>Person #2 – Brothers &amp; Sisters</b>			

<b>NIECES &amp; NEPHEWS</b>		
<b>Person #1 – Nieces &amp; Nephews</b>		
<b>Name of niece/nephew</b>	<b>Age</b>	<b>Residence (City &amp; State)</b>
<b>Person #2 – Nieces &amp; Nephews</b>		

## ASSET INFORMATION

### ANNUAL INCOME

	Person #1	Person #2
Salary	\$	\$
Other	\$	\$

### DO EITHER OF YOU...

	Person #1		Person #2	
	Yes	No	Yes	No
Expect to inherit something from parents or others?				
Expect to receive benefits from a retirement plan?				
Expect to receive gifts from parents or others?				
Have Interests in trusts?				
Make gifts in excess of \$14,000 to any one person in any one year?				
Have a will or powers of attorney now?				
Do you have a living-together agreement? Yes ____ No ____				

### REAL ESTATE OWNED

Location & Type	Mortgage balance	Approximate market value	Original cost	In whose name?
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

### LIFE INSURANCE

Company & Policy #	Death benefit	Approx. cash value	Person insured	Owner	Beneficiary
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			

**CASH ACCOUNTS (non-retirement)**

Institution	Approx. Balance	In whose name(s)?
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**SECURITIES (non-retirement)**

Company	# of shares	Original cost	Approx. Market Value	Date of purchase	In whose name?
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

**PERSONAL PROPERTY**

(vehicles, jewelry, art, collections, other valuable household goods)

Description	Owner	Original cost	Fair market value
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**PETS**

Do you have pets? Yes \_\_\_\_ No \_\_\_\_

**RETIREMENT PLANS & ACCOUNTS**

Person #1		
Description	Beneficiary	Value
		\$
		\$
		\$
		\$
Person #2		
		\$
		\$
		\$
		\$

**SIGNIFICANT DEBTS**

Type	Creditor	Approx. amount
		\$
		\$
		\$
		\$

**YOUR CURRENT ADVISORS**

	Person #1	Person #2
Attorney		
Banking		
Life insurance		
Accountant		
Financial advisor		

**EXISTING DOCUMENTS FOR REVIEW**

<i>Please indicate which documents you currently have and be prepared to provide them for our review.</i>	Person #1		Person #2	
	Yes	No	Yes	No
Will and/or trust				
Real property deeds				
Partnership and corporate agreements				
Powers of attorney				