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| **PARTNERSHIP PLANNING QUESTIONNAIRE** |

Lawrence S. Jacobs, Esq.

 

Maryland • Washington, D.C. • VIRGINIA

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** 202\_\_

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

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| **PERSONAL AND FAMILY DATA** |
|  | **Person #1** | **Person #2** |
| Full legal name | Mr./Ms./Dr. | Mr./Ms./Dr.  |
| Social Security # | **Last 4 digits only** |  |
| YEAR of birth |  |  |
| Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ If no, do you have a green card? Yes \_\_\_\_ No \_\_\_\_ |

**How long have you been together? \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Anniversary date:**  \_\_\_\_/\_\_\_\_/\_\_\_\_

 mo. day yr.

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| **RESIDENCE CONTACT INFO** |
|  | **Person #1** | **Person #2** |
| Address |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |

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| **BUSINESS CONTACT INFO** |
|  | **Person #1** | **Person #2** |
| Business/EmployerName &Address |  |  |
| Telephone |  |  |
| Email |  |  |
| Description of Business/Profession |  |  |

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| **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) |  |  |

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| **CHILDREN** |
| 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** |
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| **ASSET INFORMATION** |

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| **ANNUAL INCOME** |
|  | **Person #1** | **Person #2** |
| Salary |  **$**  |  **$** |
| Other |  **$**  |  **$**  |

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| **REAL ESTATE OWNED** |
| **Location & Type** | **Mortgagebalance** | **Approximatemarket value** | **Original cost** | **In whose name?** |
|  | **$**  | **$**  | **$**  |  |
|  | **$**  | **$**  | **$**  |  |

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| **LIFE INSURANCE** |
| **Company & Policy #** | **Deathbenefit** | **Approx.cash value** | **Person insured** | **Owner** | **Beneficiary** |
|  | **$**  | **$**  |  |  |  |
|  | **$**  | **$**  |  |  |  |

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| **CASH ACCOUNTS (non-retirement)** |
| **Institution** | **Approx. Balance** | **In whose name(s)?** |
|  |  **$**  |  |
|  |  **$**  |  |
|  |  **$**  |  |

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| **BROKERAGE ACCOUNTS (non-retirement)** |
| **Company** | **# of shares** | **Originalcost** | **Approx.Market Value** | **Date ofpurchase** | **In whose name(s)?** |
|  |  | **$**  | **$**  |  |  |
|  |  | **$**  | **$**  |  |  |
|  |  | **$**  | **$**  |  |  |
|  |  | **$**  | **$**  |  |  |

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| **RETIREMENT PLANS & ACCOUNTS** |
| **Person #1** |
| **Description** | **Beneficiary** | **Value** |
|  |  | **$**  |
|  |  | **$**  |
| **Person #2** |
|  |  | **$**  |
|  |  | **$**  |

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| **SIGNIFICANT DEBTS** |
| **Type** | **Creditor** | **Approx. amount** |
|  |  | **$**  |
|  |  | **$**  |
|  |  | **$**  |

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| **EXISTING DOCUMENTS FOR REVIEW** |
| *Please indicate which documents you currently have.* | **Person #1** | **Person #2** |
| **Yes** | **No** | **Yes** | **No** |
| Will and/or trust |  |  |  |  |
| Real property deeds |  |  |  |  |
| Partnership and corporate agreements |  |  |  |  |
| Powers of attorney |  |  |  |  |

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| **PETS** |
| **Do you have pets? Yes \_\_\_\_ No \_\_\_\_**  |

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