

McMillan Metro, P.C.

ATTORNEYS AND COUNSELORS AT LAW

Maryland ---- Virginia ---- Washington, D.C.

PARTNERSHIP PLANNING QUESTIONNAIRE

Date: _____

A. PERSONAL AND FAMILY DATA

PERSON 1:

PERSON 2:

 Mr. Ms. Dr. Full Legal Name

 Mr. Ms. Dr. Full Legal Name

Social Security # _____

Social Security # _____

Date of Birth: _____

Date of Birth: _____

How long have you been together? _____ When is your anniversary? ____/____/____
 month date year

Residence Address/Telephone/Fax/E-Mail:

PERSON 1:	PERSON 2:
Residence Address:	
Residence Telephone:	
Cell Phone:	
Fax:	
E-Mail	

Business Address/Telephone/Fax/E-Mail:

	Person 1	Person 2
Business/Employer Name & Address:		
Business Telephone:		
Fax:		
E-Mail		
Description of Business/ Profession		

Children and/or Dependents. Do you plan to have children in the future? _____

Person 1 -Children (Including those legally adopted):

Name	Birthday	City & State	Profession/Business	Partner/Spouse Name

Person 2 -Children (Including those legally adopted):

Name	Birthday	City & State	Profession/Business	Partner/Spouse Name

Marriages, Civil Unions & Domestic Partnerships (Current & Former, If Applicable)

	Person 1	Person 2
Spouse (Current/Former)		
Date and Place		
Date of Dissolution (if any)		
Court of Dissolution (if any)		

Grandchildren:

Name of Grandchild	Name of Parent	Date of Birth

Living Parents, Age, Health, City & State:

Person 1	Person 2

Brothers and Sisters, Age, Health, City & State:

Person 1	Person 2

Nieces and Nephews, Age, City & State:

Person 1	Person 2

Annual Incomes:

	Person 1	Person 2
Salary	\$	\$
Other		

B. ASSET INFORMATION

Does Person 1 or Person 2:

- | | | |
|---|------------------------------|-----------------------------|
| (a) Expect to inherit something from parents or others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Expect to receive benefits from a retirement plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Expect to receive gifts from parents or others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Have interests in trusts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Made gifts in excess of \$13,000 to any person in any one year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) Have a will or powers of attorney now? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Do you have a living-together agreement? Yes No

Real Estate Owned:

Location and Type	Mortgage Balance	Approximate Market Value	Original Cost	How Is Title Held?

Life Insurance:

Company and Policy Number	Death Benefit	Approximate Cash Value	Person Insured	Owner	Beneficiary

Cash Accounts (non-retirement):

Institution	Approximate Balance	In Whose Name(s)?

Securities (non-retirement):

Company	No. of Shares	Original Cost	Approximate Market Value	Date of Purchase	In Whose Name?

Personal Property (vehicles, jewelry, art, collections, other valuable household goods):

Description	Original Cost	Owner	Fair Market Value

Pets:

Do you have pets? Yes / No

Retirement Plans and Accounts:

Person 1 -- Description	Beneficiary	Value

Person 2 -- Description	Beneficiary	Value

Significant Debts:

Type and to Whom Owed	Approximate Amount

Important Documents to be Examined:

- Existing Wills and Trusts
- Real Property Deeds
- Partnership and Corporate Agreements
- Existing Powers of Attorney

Existing Advisors:

	Person 1	Person 2
Attorney		
Banking		
Life Insurance		
Accountant		
Financial Advisor		

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