

Succession Worksheet

WORKSHEET - - SUCCESSION OF _____

CLIENT:

FULL NAME OF CLIENT _____
(First, Middle, Maiden and Last)

ADDRESS _____

DATE OF BIRTH _____ AGE _____

HOME PHONE _____ CELL PHONE _____

FAX _____ E-MAIL _____

SOCIAL SECURITY NO. _____

DRIVER'S LICENSE NO. _____

DECEDENT:

NAME OF DECEDENT: _____

A/K/A _____

DATE OF DEATH _____ AGE AT DEATH _____

PLACE OF DEATH _____ (PARISH)

NAME OF FUNERAL DIRECTOR _____

CAUSE OF DEATH _____

DOMICILE _____ (CITY & PARISH) HOW LONG? _____

ADDRESS AT DEATH _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DECEDENT'S SSN _____ BIRTH DATE OBTAINED FROM _____

MARRIAGE:

SPOUSE OF DECEDENT _____ SSN _____

DATE OF BIRTH OF SPOUSE _____

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____

LIVING TOGETHER? _____ YES _____ NO

PHYSICALLY SEPARATED? _____ YES _____ NO

CHILDREN OF DECEDENT BY THIS SPOUSE:

NAME (First, Middle, Last)	DATE OF BIRTH	AGE	ADDRESS	SSN
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PRIOR MARRIAGE:

SPOUSE _____

DATE OF MARRIAGE _____

DATE TERMINATED _____ BY _____

CHILDREN OF DECEDENT BY PRIOR MARRIAGES:

NAME (First, Middle, Last)	DATE OF BIRTH	AGE	ADDRESS	SSN
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ADOPTION:

EVER ADOPTED ANYONE OR ADOPTED BY ANYONE? _____ YES

_____ NO

PARENT(S) OF DECEDENT: _____

LAST WILL AND TESTAMENT? _____ YES _____ NO

AFFIDAVIT OF DEATH AND HEIRSHIP:

AFFIANTS' (1) _____

(2) _____

AFFIANT'S DOMICILES (1) _____

(2) _____

DONATIONS INTER VIVOS (IF ANY):

DONEE

DATE

ASSETS:

REAL ESTATE:

MUNICIPAL ADDRESS

PROPERTY DESCRIPTION: (CAN BE OBTAINED FROM BILL OF SALE)

COMMUNITY PROPERTY? ____ YES ____ NO

IMPROVEMENTS _____ TOTAL VALUE \$ _____

MORTGAGEE _____

BALANCE DUE ON MORTGAGE AS OF DATE OF DEATH \$ _____

OTHER REAL ESTATE:

MUNICIPAL ADDRESS

PROPERTY DESCRIPTION _____

COMMUNITY PROPERTY? ____ YES ____ NO

MANNER ACQUIRED _____

DATE ACQUIRED _____

APPRAISAL BY _____

DATE DONE _____ DATE RECEIVED _____

VALUE OF LAND _____

IMPROVEMENTS _____ TOTAL VALUE \$ _____

MORTGAGEE _____

BALANCE ON MORTGAGE AS OF DATE OF DEATH \$ _____

OTHER REAL ESTATE:

TOTAL FAIR MARKET VALUE OF REAL ESTATE \$ _____

STOCKS AND BONDS:

Name of Issuer	Date of Issuance	Face Amount	Account No.
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TOTAL FAIR MARKET VALUE OF STOCKS AND BONDS \$ _____

U.S. SAVINGS BONDS:

IN THE NAME (S) OF _____

SERIES _____ FACE AMOUNT _____

TOTAL FAIR MARKET VALUE OF U.S. SAVINGS BONDS \$ _____

CASH & NOTES:

CASH - AMOUNT ON HAND \$ _____

CHECKING ACCOUNT AT _____ BANK

ADDRESS: _____ ACCOUNT NO. _____

IN THE NAME(S) OF _____

BALANCE ON DEPOSIT OF DATE OF DEATH \$ _____

VERIFICATION LETTER SENT _____ RECEIVED _____

SAVINGS ACCOUNT AT _____ BANK

ADDRESS: _____ ACCOUNT NO. _____

IN THE NAME(S) OF _____

BALANCE ON DEPOSIT ON DATE OF DEATH \$ _____

LOCATION OF PASSBOOK _____

VERIFICATION LETTER SENT _____ RECEIVED _____

HOMESTEAD ACCOUNT AT _____ ACCOUNT NO. _____

IN THE NAME(S) OF _____

BALANCE ON DEPOSIT ON DATE OF DEATH \$ _____

NOTES/ACCOUNTS RECEIVABLE:

_____ \$ _____

_____ \$ _____

CD-IRA:

1. ACCOUNT AT _____

ADDRESS _____ ACCOUNT NO. _____

IN THE NAME(S) OF _____

BALANCE ON DEPOSIT ON DATE OF DEATH \$ _____

VERIFICATION LETTER SENT _____ RECEIVED _____

2. ACCOUNT AT _____

ADDRESS _____ ACCOUNT NO. _____

IN THE NAME(S) OF _____

BALANCE ON DEPOSIT ON DATE OF DEATH \$ _____

VERIFICATION LETTER SENT _____ RECEIVED _____

AUTOMOBILE:

YEAR _____ MAKE _____ MODEL _____

VIN: _____ MILEAGE _____

IN NAME(S) OF _____

FAIR MARKET VALUE _____ LOCATION OF TITLE _____

YEAR _____ MAKE _____ MODEL _____

VIN: _____ MILEAGE _____

IN NAME(S) OF _____

FAIR MARKET VALUE _____ LOCATION OF TITLE _____

TOTAL FAIR MARKET VALUE OF AUTOMOBILE(S) \$ _____

MISCELLANEOUS PROPERTY:

FURNITURE, PERSONAL BELONGINGS, JEWELRY

TOTAL FAIR MARKET VALUE OF MISCELLANEOUS PROPERTY \$ _____

OTHER ASSETS:

TOTAL FAIR MARKET VALUE OF OTHER ASSETS \$ _____

LIFE INSURANCE:

COMPANY _____

ADDRESS: _____

POLICY NO. _____ AMOUNT _____

BENEFICIARY(IES) _____

TYPE OF POLICY _____

DATE OF NOTICE TO COMPANY _____

LOCATION OF POLICY _____

CERTIFICATE OF DEATH, POLICY, PROOF MAILED (DATE) _____

CERTIFIED MAIL # _____ RECEIPT SHOWS RCD _____

COMPANY CLAIMS REPRESENTATIVE (NAME) _____

ADDRESS IF DIFFERENT _____

TELEPHONE _____ AMOUNT RECEIVED _____

DATE _____ DISPOSITION _____

IRS FORM 712 REQUIRED _____ REQUESTED _____ RECEIVED _____

TOTAL FAIR MARKET VALUE OF INSURANCE PAYABLE TO ESTATE \$ _____

SAFETY DEPOSIT BOX:

BANK _____ NUMBER _____

LOCATION OF KEY _____ CONTENTS VALUES _____

TOTAL FAIR MARKET VALUE OF ASSETS ON DATE OF DEATH \$ _____

DEBTS:

FUNERAL AND LAST ILLNESSES: \$ _____

FUNERAL DIRECTOR: \$ _____

CEMETERY PLOT \$ _____

LESS: BURIAL POLICIES \$ _____

LAST ILLNESS: HOSPITAL \$ _____

AMBULANCE \$ _____

DRUGS \$ _____

DOCTOR \$ _____

OTHER \$ _____

OTHER DEBTS AND MORTGAGES:

NAME, ADDRESS, PHONE NUMBER OF CREDITOR

_____ \$ _____

_____ \$ _____

_____ \$ _____