

## 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

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**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

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_