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**CONFIDENTIAL SUCCESSION CHECKLIST**

Please provide the following information. If you need more space, please use another sheet. If you are not certain about an answer, leave the space blank, and we will discuss any questions at our initial meeting.

Client To Call: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**DECEDENT**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Death: \_\_\_\_\_

Address at Time of Death: \_\_\_\_\_

Marital Status of Decedent: \_\_\_\_\_

Decedent's Employer: \_\_\_\_\_

Write Employer for Benefits? (Circle One): YES NO

IS THERE A WILL? YES NO IS IT TO BE PROBATED? YES NO

**SPOUSE AND HEIRS**

Surviving Spouse: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECEDENT'S CHILDREN:**

Children Born of FIRST Marriage to: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Children Born of Second Marriage (If Applicable) to: \_\_\_\_\_

6. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Children Born of the Decedent During His/Her Lifetime:

9. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADOPTIONS:** Did Decedent Ever Adopt Anyone? (Circle One) YES NO

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Adoption or other Legal Documents: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Adoption or other Legal Documents: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Adoption or other Legal Documents: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parents and Siblings of the Decedent: (NOTE: To Be Completed If Decedent Was Single and Had No Children.)**

1. Father: \_\_\_\_\_ LIVING DEAD  
Address: \_\_\_\_\_  
\_\_\_\_\_  
If deceased, give DATE AND PLACE OF DEATH: \_\_\_\_\_  
\_\_\_\_\_

2. Mother: \_\_\_\_\_ LIVING DEAD  
Address: \_\_\_\_\_  
\_\_\_\_\_  
If deceased, give DATE AND PLACE OF DEATH: \_\_\_\_\_  
\_\_\_\_\_

3. Sibling: \_\_\_\_\_ LIVING DEAD  
Address: \_\_\_\_\_  
\_\_\_\_\_  
If deceased, give DATE AND PLACE OF DEATH: \_\_\_\_\_  
\_\_\_\_\_

4. Sibling: \_\_\_\_\_ LIVING      DEAD  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 If deceased, give DATE AND PLACE OF DEATH: \_\_\_\_\_  
 \_\_\_\_\_

5. Sibling: \_\_\_\_\_ LIVING      DEAD  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 If deceased, give DATE AND PLACE OF DEATH: \_\_\_\_\_  
 \_\_\_\_\_

6. Sibling: \_\_\_\_\_ LIVING      DEAD  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 If deceased, give DATE AND PLACE OF DEATH: \_\_\_\_\_  
 \_\_\_\_\_

**ESTATE ASSETS**

**I. COMMUNITY PROPERTY**

**REAL ESTATE:**

Lot No	Subdivision	Parish and/or Address	Appraised Value

**CEMETERY LOTS:**

Lot No	Subdivision	Parish and/or Address	Appraised Value

**AUTOMOBILES/HOUSE TRAILER/MOBILE HOME/TRAVEL TRAILER:**

Make	Model	Year	VIN/Serial No.	Mileage	Value

**BOAT/MOTOR/TRAILER :**

Make	Model	Year	VIN/Serial No.	Mileage	Value

FARM EQUIPMENT/TRACTORS:

Make      Model      Year      VIN/Serial No.      Mileage      Value

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BANK ACCOUNT [Attach Copy of Statement(s)]:

1. Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_

Is there a Bank Box at this Location?      YES      NO

If so, Bank Box Number: \_\_\_\_\_ Bank Box Key Needed.

2. Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_

Is there a Bank Box at this Location?      YES      NO

If so, Bank Box Number: \_\_\_\_\_ Bank Box Key Needed

3. Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_

Is there a Bank Box at this Location?      YES      NO

If so, Bank Box Number: \_\_\_\_\_ Bank Box Key Needed

4. Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Balance as of Date of Death: \$ \_\_\_\_\_

Is there a Bank Box at this Location?      YES      NO

If so, Bank Box Number: \_\_\_\_\_ Bank Box Key Needed

STOCKS, BONDS OR INVESTMENT ACCOUNT [Attach Copy of Statement(s)]:

Description of Account      Name on Account      Account No.      Value at Date of Death

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TOTAL ESTIMATED VALUE OF HOUSEHOLD FURNITURE, JEWELRY AND PERSONAL EFFECTS: \$ \_\_\_\_\_

EMPLOYEE BENEFITS:

\_\_\_\_\_  
\_\_\_\_\_

INSURANCE PAYABLE TO ESTATE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. SEPARATE PROPERTY (List Description and How and When Property Acquired).**

REAL ESTATE:

Lot No      Subdivision      Parish and/or Address      Appraised Value

Date of Acquisition: \_\_\_\_\_  
How Was Property Acquired: \_\_\_\_\_

Lot No      Subdivision      Parish and/or Address      Appraised Value

Date of Acquisition: \_\_\_\_\_  
How Was Property Acquired: \_\_\_\_\_

AUTOMOBILES/HOUSE TRAILER/MOBILE HOME/TRAVEL TRAILER:

Make      Model      Year      VIN/Serial No.      Mileage      Value

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make      Model      Year      VIN/Serial No.      Mileage      Value

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OUT OF STATE PROPERTY:

Lot No      Subdivision      Parish and/or Address      Appraised Value

Date of Acquisition: \_\_\_\_\_  
How Acquired: \_\_\_\_\_  
Community or Separate Property?:      Community? \_\_\_\_\_      Separate? \_\_\_\_\_

Lot No      Subdivision      Parish and/or Address      Appraised Value

Date of Acquisition: \_\_\_\_\_  
How Acquired: \_\_\_\_\_  
Community or Separate Property?:      Community? \_\_\_\_\_      Separate? \_\_\_\_\_

**ESTATE DEBTS**

**I. COMMUNITY DEBTS:**

Utility Bills	\$ _____
Telephone Bills	\$ _____
Cable Bills	\$ _____
Water Bills	\$ _____
Sewer Bills	\$ _____
Doctor Bills	\$ _____
Hospital Bills	\$ _____
Mortgage Payments	\$ _____
Credit Cards	\$ _____
Other Community Debts	\$ _____
Describe and List Separately:	\$ _____
	\$ _____

**II. SEPARATE DEBTS:**

Funeral Bill (_____ Funeral Home)	\$ _____
Cemetery Charge	\$ _____
Florist for Funeral	\$ _____
Headstone	\$ _____
Expense of Last Illness	\$ _____
Other Separate Debts	\$ _____
Describe and List Separately:	\$ _____
	\$ _____
	\$ _____

Attorney's Fees (Estimated)	\$ _____
Court Costs & Expenses (Estimated)	
\$ _____	