

W. DAVID MANCUSO, ATTORNEY, L.L.C.
Attorney-At-Law LL.M. in Taxation

18212 East Petroleum Drive, Suite 1-C
Baton Rouge, Louisiana 70809
e-mail: david@dmancusolaw.com
website: www.dmancusolaw.com

Tel.: (225) 755-1776

Fax: (225) 295-3950

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 (es): _____

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: _____

Parish/County: _____

Marital Status: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

2. Name: _____ Phone: (_____) _____ - _____

Address: _____

Parish/County: _____

Marital Status: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

3. Name: _____ Phone: (_____) _____ - _____

Address: _____

Parish/County: _____

Marital Status: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

4. Name: _____ Phone: (_____) _____ - _____

Address: _____

Parish/County: _____

Marital Status: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

5. Name: _____ Phone: (_____) _____ - _____

Address: _____

Parish/County: _____

Marital Status: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Children Born of Second Marriage (If Applicable) to: _____

6. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

7. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

8. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

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

9. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

10. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

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

1. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Date of Adoption or other Legal Documents: ____/____/____

2. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Date of Adoption or other Legal Documents: ____/____/____

3. Name: _____ Phone: (_____) _____ - _____
Address: _____

Parish/County: _____
Marital Status: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Date of Adoption or other Legal Documents: ____/____/____

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

1. Father: _____ LIVING DEAD
Address: _____

Parish/County: _____
If deceased, give DATE AND PLACE OF DEATH: _____

2. Mother: _____ LIVING DEAD
Address: _____

Parish/County: _____

If deceased, give DATE AND PLACE OF DEATH: _____

3. Sibling: _____ LIVING DEAD
Address: _____

Parish/County: _____

If deceased, give DATE AND PLACE OF DEATH: _____

4. Sibling: _____ LIVING DEAD
Address: _____

Parish/County: _____

If deceased, give DATE AND PLACE OF DEATH: _____

5. Sibling: _____ LIVING DEAD
Address: _____

Parish/County: _____

If deceased, give DATE AND PLACE OF DEATH: _____

6. Sibling: _____ LIVING DEAD
Address: _____

Parish/County: _____

If deceased, give DATE AND PLACE OF DEATH: _____

ESTATE ASSETS

I. COMMUNITY PROPERTY

REAL ESTATE:

<u>Lot No</u>	<u>Subdivision</u>	<u>Parish and/or Address</u>	<u>Appraised Value</u>

CEMETERY LOTS:

<u>Lot No</u>	<u>Subdivision</u>	<u>Parish and/or Address</u>	<u>Appraised Value</u>

AUTOMOBILES/HOUSE TRAILER/MOBILE HOME/TRAVEL TRAILER:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>VIN/Serial No.</u>	<u>Mileage</u>	<u>Value</u>

BOAT/MOTOR/TRAILER :

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>VIN/Serial No.</u>	<u>Mileage</u>	<u>Value</u>

FARM EQUIPMENT/TRACTORS:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>VIN/Serial No.</u>	<u>Mileage</u>	<u>Value</u>

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

TOTAL ESTIMATED VALUE OF HOUSEHOLD FURNITURE, JEWELRY AND PERSONAL EFFECTS:
Estimated Value: \$ _____

EMPLOYEE BENEFITS:

INSURANCE PAYABLE TO ESTATE (If any):

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 Was Property Acquired: _____

Community or Separate Property?: Community? _____ Separate? _____

Lot No	Subdivision	Parish and/or Address	Appraised Value

Date of Acquisition: _____

How Was Property 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

\$ _____
\$ _____
\$ _____
\$ _____

Other Separate Debts
Describe and List Separately:

\$ _____
\$ _____
\$ _____
\$ _____

Attorney's Fees (Estimated)
Court Costs & Expenses (Estimated)

\$ _____
\$ _____