

*Confidential*

# Succession Questionnaire

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DATE OF COMPLETION OF QUESTIONNAIRE: \_\_\_\_\_

**Please provide the following information. If you need more space, you may use another sheet. If you are not certain about an answer, leave the space blank and we will discuss it in our conference.**

## A. Family

1. Decedent's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Place of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If not a U.S. citizen, please state country of citizenship: \_\_\_\_\_

2. Surviving Spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If not a U.S. citizen, please state country of citizenship: \_\_\_\_\_

3. Addresses and Phone Numbers:

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

\_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

\_\_\_\_\_

4. Executor/Administrator:

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

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

5. How long has deceased lived in Louisiana? \_\_\_\_\_

6. Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

7. Prior marriage(s): \_\_\_\_\_ Date: \_\_\_\_\_ Deceased/Divorced

\_\_\_\_\_ Date: \_\_\_\_\_ Deceased/Divorced

8. Children (Include any predeceased children):

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Social Security Number</u>
_____	_____	_____	_____	_____
<u>Address:</u>			Name of Spouse:	_____
_____				
_____				

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Social Security Number</u>
_____	_____	_____	_____	_____
<u>Address:</u>			Name of Spouse:	_____
_____				
_____				

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Social Security Number</u>
_____	_____	_____	_____	_____
<u>Address:</u>			Name of Spouse:	_____
_____				
_____				

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Social Security Number</u>
_____	_____	_____	_____	_____
<u>Address:</u>			Name of Spouse:	_____
_____				
_____				

9. Parents: *(Complete only if deceased had no children and include predeceased parents)*

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

10. Brothers and sisters: *(Complete only if deceased had no children and include predeceased siblings)*

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

**B. Advisors & Relationships**

1. Certified Public Accountant: \_\_\_\_\_

2. Investment Advisor (individual and company): \_\_\_\_\_

3. Insurance Agent(s)(Company): \_\_\_\_\_

\_\_\_\_\_

4. Primary Banking Relationship: \_\_\_\_\_

5. Secondary Banking Relationship: \_\_\_\_\_

6. Real Estate Appraiser: \_\_\_\_\_

**C. Wills and Agreements in Effect**

1. Did the deceased have a will? Yes [ ] No [ ]  
If yes, please provide original.  
Will Location: \_\_\_\_\_

2. Are there any trusts in effect? Yes [ ] No [ ] If yes,  
please provide copies.

3. Are there any marriage contracts in effect? Yes [ ] No [ ]  
If yes, please provide copies.

**D. Gift Tax Returns**

1. Did the decedent file federal or state gift tax returns? Yes [ ] No [ ]  
If yes, please provide copies.

2. Did the decedent make gifts in excess of \$10,000  
for which no gift tax returns have been filed? Yes [ ] No [ ]

**E. Financial Information**

Schedule A  
**REAL ESTATE & MINERAL RIGHTS**

Brief Description	FAIR MARKET VALUE	
	Separate	Community
1. Home:		
2. Other Real Estate In Louisiana:		
3. Other Real Estate Outside Louisiana:		
4. Mineral Rights/Royalty Interests:		
<b>TOTAL VALUE</b>		

If you have copies of deeds, leases or other instruments, giving the legal description, please provide that to us. All real estate will have to be appraised.

Schedule B

STOCKS & BONDS

LISTED STOCKS OR BONDS:

Company	Certificate #	Shares	FAIR MARKET VALUE	
			Separate	Community
TOTAL VALUE				

1. Please include all dividend reinvestment accounts, stock options and warrants.
2. Please include all broker accounts.

Schedule C-1

BANK ACCOUNTS, CERTIFICATES OF DEPOSIT,  
CASH, NOTES, RECEIVABLES

Name of Banks or Financial Institutions	Payable on Death to a Beneficiary	FAIR MARKET VALUE	
		Separate	Community
1. Name of Bank/Institution:			
Address:			
Type of Account & Number:			
2. Name of Bank/Institution:			
Address:			
Type of Account & Number:			
3. Name of Bank/Institution:			
Address:			
Type of Account & Number:			
TOTAL VALUE			

\*NOTE: Do not list any IRA accounts

Schedule C-2

U.S. SAVINGS BONDS  
U.S. TREASURY OBLIGATIONS

Brief Description	Payable on Death to a Beneficiary or How Denominated	FAIR MARKET VALUE	
		Separate	Community
TOTAL VALUE			

Schedule D

LIFE INSURANCE

Company	Policy #	Owner	Beneficiary	Cash Value	Loans or Subject to Split Dollar	Face Amount Payable at Death Before Loan
1.						
2.						
3.						
4.						
TOTAL						

In requesting payment of life insurance proceeds, please request the insurance company to issue a Form 712 to you.

Schedule F

MISCELLANEOUS PROPERTY

AUTOMOBILES:

Brief Description	FAIR MARKET VALUE	
	Separate	Community
1. Year:            Make:            Vin:		
Type:            Mortgage:		
2. Year:            Make:            Vin:		
Type:            Mortgage:		
TOTAL		

**PERSONAL EFFECTS:**

Brief Description	FAIR MARKET VALUE	
	Separate	Community
1. Tools/Firearms:		
2. Antiques:		
3. Jewelry:		
4. Furniture:		
5. Coin/Art. Collections:		
6. Claims or Intangibles:		
7. Escrows or Deposits:		
8. Debts Due Estate:		
9. Miscellaneous:		
<b>TOTAL</b>		

**PARTNERSHIPS OR LIMITED LIABILITY COMPANIES:**

Brief Description	Percentage of Ownership	FAIR MARKET VALUE	
		Separate	Community

**INTEREST IN THE FOLLOWING:**

**DEFERRED CONTRIBUTION PLANS:**

Thrift Plan Profit Sharing Plan ESOP or Stock Bonus	Participant	Beneficiary	Fair Market Value
<b>TOTAL</b>			



DEFINED BENEFIT PLANS:

Company	Participant	Beneficiary	Projected Annual Payments
TOTAL			

IRA ACCOUNTS:

Bank or Institution	Owner	Beneficiary	Fair Market Value
TOTAL			

ANNUITIES:

Bank or Institution	Owner	Beneficiary	Fair Market Value
TOTAL			

OTHER:

	Name	Fair Market Value
Unpaid Salary		
Rents Receivable		
Notes Receivable		
TOTAL		

**MORTGAGES & LIENS**

Brief Description of Mortgage or Debt	AMOUNT OWED	
	Separate	Community
<b>A. Mortgages on Home, Auto or other Property</b>		
1. Name of Institution:		
2. Name of Institution:		
3. Name of Institution:		
<b>B. Signature Loans at Bank or Other Institutions</b>		
1. Name of Institution:		
2. Name of Institution:		
3. Name of Institution:		
<b>C. Current Debts (Utilities, etc.):</b>		
<b>D. Medical and Other Expenses of Last Illness:</b>		
<b>E. Funeral Expenses:</b>		
<b>F. Other Debts:</b>		
<b>G. Usufructuary Accounting Due:</b>		
<b>TOTAL</b>		

