

# CONFIDENTIAL ESTATE ADMINISTRATION WORKSHEET

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This information packet should be returned to us at least three days prior to your appointment to ensure we have enough time to understand the specifics of your situation before our appointment.

If you need assistance completing the information, call our office at 225-744-0027 and we will be glad to help you. Those questions that do not apply to you, your family or your financial information can simply be ignored.

**Legacy Center of Louisiana, L.L.C.**

Mailing Address: P.O. Box 1665, Prairieville, LA 70769 ♦ 14279 Highway 73, Prairieville, Louisiana 70769 ♦  
Phone: (225) 744-0027 ♦ Fax: (225) 744-0028 ♦ [www.legacycentla.com](http://www.legacycentla.com)

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN! WE  
LOOK FORWARD TO SEEING YOU.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

## SUCCESSION INTERVIEW FORM

### CLIENT INFORMATION

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

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

Phone No.    Wk: \_\_\_\_\_    Home: \_\_\_\_\_

Cell: \_\_\_\_\_    Fax: \_\_\_\_\_

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

### INFORMATION ON DECEASED

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

Address at Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_    Soc. Sec. No. \_\_\_\_\_

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

Age at Death: \_\_\_\_\_

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

Was there a WILL? ☐ YES   ☐ NO   If so, location: \_\_\_\_\_

Was there a safety deposit box? ☐ YES   ☐ NO   If so, location: \_\_\_\_\_

(Did the deceased have access to a safety deposit box jointly with someone else or  
have one in the name of his/her business?   ☐ Yes   ☐ No)

Marital Status: ☐ Married ☐ Widow(er) ☐ Divorced ☐ Single

Name of Spouse: \_\_\_\_\_

Age of Spouse: \_\_\_\_\_ Date of Birth (Spouse): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Name and Address of Previous Spouse(s):

(If previous spouse is deceased, indicate date and place of death and whether or not the succession has been opened:

Name \_\_\_\_\_ ☐ Deceased ☐ Living

Marriage to Decedent Terminated By: ☐ Divorce ☐ Death

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

Succession Opened: ☐ Yes ☐ No

Number of Children born to Decedent and Previous Spouse: \_\_\_\_\_

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ ☐ Deceased ☐ Living

Marriage to Decedent Terminated By: ☐ Divorce ☐ Death

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

Number of Children born to Decedent and Previous Spouse: \_\_\_\_\_

Succession Opened: ☐ Yes ☐ No

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PARENTS OF DECEASED**

(If parent(s) is deceased, indicate date and place of death and whether or not the succession has been opened:

Mother's Name \_\_\_\_\_ ☐ Deceased ☐ Living  
and Address \_\_\_\_\_

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

Succession Opened: ☐ Yes ☐ No

Father's Name: \_\_\_\_\_ ☐ Deceased ☐ Living  
and Address \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened: ☐ Yes ☐ No

### **CHILDREN OF DECEASED**

(1) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status: ☐ Married ☐ Divorced ☐ Widow(er) ☐ Single  
Spouse(s) Name (s) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status: ☐ Married ☐ Divorced ☐ Widow(er) ☐ Single  
Spouse(s) Name (s) \_\_\_\_\_  
☐ Deceased ☐ Living  
Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened: ☐ Yes ☐ No

(3) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status: ☐ Married ☐ Divorced ☐ Widow(er) ☐ Single  
Spouse(s) Name (s) \_\_\_\_\_  
☐ Deceased ☐ Living  
Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened: ☐ Yes ☐ No

(4) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status: ☐ Married ☐ Divorced ☐ Widow(er) ☐ Single  
Spouse(s) Name (s) \_\_\_\_\_

☐ Deceased   ☐ Living

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

Succession Opened: ☐ Yes   ☐ No

If any of the above named children predeceased their parent, list their children or grandchildren and living spouse here (give details): \_\_\_\_\_  
\_\_\_\_\_

### **ASSETS OF DECEASED**

List location, description, including serial numbers or VIN numbers, account numbers, and approximate value for each asset as of the deceased's date of death. Please attach copies of any documents.

(1) Home: \_\_\_\_\_  
Address \_\_\_\_\_  
Value \_\_\_\_\_  
(Attach a copy of the Property Description if you have it)

(2) Other \_\_\_\_\_  
Real Estate: \_\_\_\_\_  
Address \_\_\_\_\_  
Value \_\_\_\_\_  
(Attach a copy of the Property Description if you have it)

(3) Automobiles: \_\_\_\_\_  
VIN # \_\_\_\_\_  
Value \_\_\_\_\_

(4) Other Vehicles (boats, motors, trailers, campers, etc.): \_\_\_\_\_  
VIN # \_\_\_\_\_  
Value \_\_\_\_\_

(5) Furniture: \_\_\_\_\_  
Value \_\_\_\_\_

(6) Stock: \_\_\_\_\_  
Certificate # \_\_\_\_\_  
Name on \_\_\_\_\_  
Certificate \_\_\_\_\_  
Value \_\_\_\_\_

(7) Bonds: \_\_\_\_\_  
ID # \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Value \_\_\_\_\_

(8) Savings Acct: \_\_\_\_\_  
Last 4 digits of account number: \_\_\_\_\_  
Date of Death balance: \_\_\_\_\_

(9) Checking Acct: \_\_\_\_\_  
Last 4 digits of account number: \_\_\_\_\_  
Date of Death balance: \_\_\_\_\_

(10) Life Insurance:

Company:	_____	Policy No.:	_____
Amount:	_____	Beneficiary:	_____
Company:	_____	Policy No.:	_____
Amount:	_____	Beneficiary:	_____
Company:	_____	Policy No.:	_____
Amount:	_____	Beneficiary:	_____

(11) Annuities and Deferred Compensation Agreements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(12) Credit Unions and Thrift Funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(13) U.S. Savings Bonds and Debentures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(14) Business Interest (including small corporation stock and partnerships): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(15) Accounts receivable, rents receivable and unpaid salary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (16) Promissory Notes and Cash on Hand: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (17) Firearms and tools: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (18) Antiques and art: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (19) Jewelry, stamp collections and coin collections: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (20) Livestock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (21) Miscellaneous (any other items of property not listed above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **DEBTS OF DECEDENT**

(1) LOANS AND MORTGAGES: (Please list account numbers and lending institutions)

- (a) Mortgage on Home and Real Estate:  
Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_
- (b) Loans on automobiles, boats, etc.  
Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_

(c) Signature Loans at Bank or Other Savings Institutions:  
Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_

(d) Loans at Credit Union or Loan Company:  
Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_

(2) DEBTS OF LAST ILLNESS:

(a) Doctor \_\_\_\_\_  
\_\_\_\_\_

(b) Dental \_\_\_\_\_  
\_\_\_\_\_

(c) Hospital \_\_\_\_\_  
\_\_\_\_\_

(d) Drug Store \_\_\_\_\_  
\_\_\_\_\_

(e) Nurses/sitters \_\_\_\_\_  
\_\_\_\_\_

(f) Misc. \_\_\_\_\_  
\_\_\_\_\_

(3) FUNERAL EXPENSES:

(a) Funeral Home \_\_\_\_\_  
\_\_\_\_\_

(b) Monument \_\_\_\_\_  
\_\_\_\_\_

(c) Mausoleum \_\_\_\_\_  
\_\_\_\_\_



(d) Cemetery \_\_\_\_\_  
\_\_\_\_\_

(e) Misc. \_\_\_\_\_  
\_\_\_\_\_

(4) MISCELLANEOUS DEBTS:

(a) Administration Expenses \_\_\_\_\_  
\_\_\_\_\_

(b) Current debts (including utilities, credit cards, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Misc. Debts  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Estimate of Gross Estate: \$ \_\_\_\_\_

Estimate of Gross Debt: \$ \_\_\_\_\_

Estimate of Net Estate: \$ \_\_\_\_\_

Name and Address  
of C.P.A or Accountant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was The Deceased the Trustee of Any Trust? ☐ Yes ☐ No

If yes, list names of Trust: \_\_\_\_\_  
\_\_\_\_\_

Did the Deceased have any other Fiduciary position (tutor/tutrix, executor, administrator, curator)? ☐ Yes ☐ No

If yes, list position: \_\_\_\_\_  
\_\_\_\_\_

Trusts Created by Deceased \_\_\_\_\_  
\_\_\_\_\_

Did the Deceased make any Donations, Transfers or Sales for any Inadequate Considerations within Three (3) Years Prior to Death? ☐ Yes ☐ No

If yes, list those transfers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List two people (who are not heirs to this succession) to sign and Affidavit of Death and Heirship attesting to marital status, # of children, place of death of decedent, etc. (Example: dear friend, cousin or in-law).

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

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

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

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

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

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

If Petitioner is other than spouse or child:

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

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

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

SSN: \_\_\_\_\_

Were any Specific Gifts Made in the Will? ☐ Yes ☐ No

If yes, List Name, Address and Social Security Number of Beneficiary and a Description of Gift and Value:

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

Any Other Relevant Item Concerning Persons Past, Business, Property, Etc. Which May Be of Importance:

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

Attorney Fee (Estimated) [For our use] \_\_\_\_\_

Court Costs (Estimated) [For our use] \_\_\_\_\_

Appraisals (if needed) [For our use] \_\_\_\_\_