

# Succession Checklist

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**Fax 985-580-3324**

Client's Name \_\_\_\_\_

Client's Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Client's Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Client's Mobile Phone Number (\_\_\_\_\_) \_\_\_\_\_

Best Number to Call    \_\_\_ Home    \_\_\_ Work    \_\_\_ Mobile

E-Mail Address (Home) \_\_\_\_\_

E-Mail Address (Work) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

## Certification

The following pages of this checklist and attachments comprise a complete list of all of the assets and liabilities, both separate and community, of which the decedent had an ownership interest. I understand that you will rely on this information in making tax planning recommendations and/or in preparing succession documents. I also understand that if the information provided is not complete and accurate the recommendations and/or succession documents prepared in reliance on this information may be inappropriate or adversely affected.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Decedent's full formal name \_\_\_\_\_

Primary residence address \_\_\_\_\_

Secondary residence address \_\_\_\_\_

Has Decedent lived in other states? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

Date and place of birth \_\_\_\_\_

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

Was Decedent a United States citizen? \_\_\_\_\_

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Did Decedent have a will? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach the original copy.

Did Decedent have a living trust or other revocable trust? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach a copy.

Did Decedent have an irrevocable trust? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach a copy.

Was Decedent a beneficiary of a trust? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach a copy.

If Decedent was married, complete the following:

Spouse's full formal name \_\_\_\_\_

Name normally used \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Has Decedent's spouse lived in other states? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

Spouse's date and place of birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Is Decedent's spouse a United States citizen? \_\_\_\_\_

Spouse's employer's address \_\_\_\_\_

If Decedent was not married, was Decedent previously married? \_\_\_\_\_

If previously married, did the prior marriage end in \_\_\_\_\_ death \_\_\_\_\_ or divorce?

If a prior marriage ended in divorce, indicate the name of the divorced spouse and the date of divorce. \_\_\_\_\_

Was there a community property settlement? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach a copy.

If a prior marriage ended with the death of a spouse, indicate the name of the predeceased spouse and the date of death. \_\_\_\_\_

Was a succession completed? \_\_\_\_\_ If yes, attach a copy of the succession documents.

Did Decedent have a pre-nuptial or post-nuptial agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach a copy.

Please attach the following:

1. Funeral and cemetery bills.
2. Physician and hospital bills for the last illness and insurance claims made.
3. Certified copy of the death certificate.
4. Copies of titles to automobiles, boats, trailers, etc.
5. Safety deposit box information and key (do not enter the box).
6. Copies of life insurance policies.

## Decedent's Children

1) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

2) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

3) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

4) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

5) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

6) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Names \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Are any of Decedent's children adopted? \_\_\_\_\_

Are any of Decedent's children handicapped or in poor health? \_\_\_\_\_

Did Decedent have any illegitimate children? \_\_\_\_\_

Are any illegitimate children formally or informally acknowledged? \_\_\_\_\_

Have any of Decedent's children predeceased? \_\_\_\_\_ If yes, list their name, date of death, date of birth, surviving spouse's name and the pre-deceased's children's names and dates of birth. \_\_\_\_\_

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Any special concerns regarding children (financial difficulties, drugs, alcohol, etc.)?

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### **Prior Gifts**

Did Decedent make gifts in amounts over the annual exclusion? \_\_\_\_\_

If so, list the donee, amount and date of the gifts \_\_\_\_\_

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Were gift tax returns filed? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach a copy of gift tax returns.

### **Other Advisors**

(Please provide name, address and phone number)

Other Attorney \_\_\_\_\_

Investment Advisor \_\_\_\_\_

Accountant \_\_\_\_\_

General Insurance Agent \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

Trust Officer \_\_\_\_\_

Provide a copy of the prior two year's income tax returns.

# Asset and Liabilities Worksheet

## Cash

(savings accounts, checking accounts, CDs, money market accounts)

Attach a copy of the most recent statement

<u>Type of Account</u>	<u>Name of Institution</u>	<u>Separate or Community Property</u>	<u>Name on Account</u>	<u>Value</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____

## Investments

(stocks, bonds, mutual funds, separate accounts, ETFs, etc.)

Attach a copy of the most recent statement

<u>Type of Account</u>	<u>Name of Institution</u>	<u>Separate or Community Property</u>	<u>Name on Account</u>	<u>Value</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____

## Annuities

Attach a copy of the most recent statement

	<u>Company</u>	<u>Owner</u>	<u>Annuitant</u>	<u>Beneficiary</u>	<u>Current Value</u>	<u>Amount Invested</u>
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____	_____

## Life Insurance

Attach a copy of the policy face sheet

	<u>Insurance Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Cash Value</u>
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____	_____
7)	_____	_____	_____	_____	_____	_____
8)	_____	_____	_____	_____	_____	_____



**Retirement Assets**

(IRAs, 401(k)s, 403(b)s, Pensions, etc.)  
Attach a copy of the most recent statement

<b><u>Type of Plan</u></b>	<b><u>Owner</u></b>	<b><u>Beneficiary</u></b>	<b><u>Value</u></b>	<b><u>% Vested</u></b>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____

**Real Estate**

Attach a copy of the deed

<b><u>Location</u></b>	<b><u>Date Acquired</u></b>	<b><u>Fair Market Value</u></b>	<b><u>Community or Separate Property</u></b>	<b><u>Cost Basis</u></b>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____

**Closely Held Business Interests**

Attach copies of formation documents, by-laws or operating agreement, and most recent tax documents

1) Name of Business \_\_\_\_\_  
Type of Business \_\_\_\_\_ Total Value \_\_\_\_\_  
Structure (LLC, Corporation, Partnership or Sole Proprietorship) \_\_\_\_\_  
Decedent's Percentage of Ownership \_\_\_\_\_ Spouse's Percentage of Ownership \_\_\_\_\_  
Other owners and percentages of ownership \_\_\_\_\_  
\_\_\_\_\_

2) Name of Business \_\_\_\_\_  
Type of Business \_\_\_\_\_ Total Value \_\_\_\_\_  
Structure (LLC, Corporation, Partnership or Sole Proprietorship) \_\_\_\_\_  
Decedent's Percentage of Ownership \_\_\_\_\_ Spouse's Percentage of Ownership \_\_\_\_\_  
Other owners and percentages of ownership \_\_\_\_\_  
\_\_\_\_\_

3) Name of Business \_\_\_\_\_  
Type of Business \_\_\_\_\_ Total Value \_\_\_\_\_  
Structure (LLC, Corporation, Partnership or Sole Proprietorship) \_\_\_\_\_  
Decedent's Percentage of Ownership \_\_\_\_\_ Spouse's Percentage of Ownership \_\_\_\_\_  
Other owners and percentages of ownership \_\_\_\_\_  
\_\_\_\_\_

Does a buy-sell agreement exist on any business? \_\_\_\_\_ If so, what type? \_\_\_\_\_

How is the buy-sell agreement funded? \_\_\_\_\_

## Personal Assets

(automobiles, boats, jewelry, furniture, collections, etc.)

<u>Description</u>	<u>Community or Separate Property</u>	<u>Cost Basis</u>	<u>Current Value</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____

## Other Assets

(debts due to you, royalties, inheritances, interests in trusts, etc.)

1) _____
2) _____
3) _____
4) _____

## Liabilities

<u>Description of Property</u>	<u>Name of Creditor</u>	<u>Balance Due</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

