

Succession Checklist

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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. _____

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

Prior Gifts

Did Decedent make gifts in amounts over the annual exclusion? _____

If so, list the donee, amount and date of the gifts _____

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

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

Real Estate

Attach a copy of the deed

<u>Location</u>	<u>Date Acquired</u>	<u>Fair Market Value</u>	<u>Community or Separate Property</u>	<u>Cost Basis</u>
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) _____	_____	_____

