Succession Checklist

John E. Sirois, JD, MBA, CFP®, CIMA, CIMC
Estate and Elder Law Attorney
Certified Financial Planner™
Certified Investment Management Consultant

One Galleria Boulevard, Suite 735
Metairie, Louisiana 70001
1-888-574-7647

1356B West Tunnel Boulevard
Houma, Louisiana 70360
985-580-2520

john@jsiroislaw.com
www.LouisianaEstatePlanner.com
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.____________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

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

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Name of Institution</th>
<th>Separate or Community Property</th>
<th>Name on Account</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>2)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>3)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>4)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>5)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>6)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>7)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
</tbody>
</table>

**Investments**
(stocks, bonds, mutual funds, separate accounts, ETFs, etc.)
Attach a copy of the most recent statement

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Name of Institution</th>
<th>Separate or Community Property</th>
<th>Name on Account</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>2)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>3)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>4)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>5)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>6)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>7)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
<tr>
<td>8)_____________</td>
<td>___________________</td>
<td>___________________________</td>
<td>_______________</td>
<td>______</td>
</tr>
</tbody>
</table>
### Annuities
Attach a copy of the most recent statement

<table>
<thead>
<tr>
<th>Company</th>
<th>Owner</th>
<th>Annuitant</th>
<th>Beneficiary</th>
<th>Current Value</th>
<th>Amount Invested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>2)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>3)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>4)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>5)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>6)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

### Life Insurance
Attach a copy of the policy face sheet

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Insured</th>
<th>Owner</th>
<th>Beneficiary</th>
<th>Face Amount</th>
<th>Cash Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>2)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>3)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>4)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>5)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>6)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>7)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>8)_________</td>
<td>_______</td>
<td>_________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>
## Retirement Assets
(IRAs, 401(k)s, 403(b)s, Pensions, etc.)
Attach a copy of the most recent statement

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Owner</th>
<th>Beneficiary</th>
<th>Value</th>
<th>% Vested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Real Estate
Attach a copy of the deed

<table>
<thead>
<tr>
<th>Location</th>
<th>Date Acquired</th>
<th>Fair Market Value</th>
<th>Community or Separate Property</th>
<th>Cost Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Community or Separate Property</th>
<th>Cost Basis</th>
<th>Current Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
<tr>
<td>2) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
<tr>
<td>3) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
<tr>
<td>4) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
<tr>
<td>5) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
<tr>
<td>6) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
<tr>
<td>7) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
<tr>
<td>8) _________________________</td>
<td>_____________________________</td>
<td>___________</td>
<td>______________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) _________________________</td>
<td>_________________________</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>2) _________________________</td>
<td>_________________________</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>3) _________________________</td>
<td>_________________________</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>4) _________________________</td>
<td>_________________________</td>
<td>_________________________</td>
<td></td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th>Description of Property</th>
<th>Name of Creditor</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) _________________________</td>
<td>_________________________</td>
<td>___________</td>
</tr>
<tr>
<td>2) _________________________</td>
<td>_________________________</td>
<td>___________</td>
</tr>
<tr>
<td>3) _________________________</td>
<td>_________________________</td>
<td>___________</td>
</tr>
<tr>
<td>4) _________________________</td>
<td>_________________________</td>
<td>___________</td>
</tr>
</tbody>
</table>
Other financial, retirement, investment or estate planning issues __________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________