

---

## **SUCCESSION QUESTIONNAIRE**

Dear Prospective Client:

Please complete this questionnaire to the best of your ability. All information provided will be kept confidential. All documents provided will be returned to you and/or destroyed with your permission to safeguard all personal information. I am here to answer questions as you complete the questionnaire. Please feel free to write questions in the margins and use this document to help keep track of the information as you gather it.

We can discuss this information over the phone to make sure you feel comfortable before a face to face meeting. Once all of the information is gathered, we can meet to sign documents to begin the process of opening the succession. Assuming there are no problems, the entire process can be done in a few weeks. Much of the timing depends on your ability to provide all of the information in the questionnaire.

Thank you for allowing me the opportunity to provide this service to you.

Sincerely,

STEVEN V. FOSS, Esq.

**THE LAW OFFICE  
OF  
STEVEN V. FOSS, L.L.C.**

ATTORNEY AND COUNSELOR AT LAW

[www.fosslegal.com](http://www.fosslegal.com)

209 WATERFORD DRIVE  
LAFAYETTE, LA 70503

PHONE: (337) 704-7030

EMAIL: [fosslawfirm@gmail.com](mailto:fosslawfirm@gmail.com)

---

**SUCCESSION QUESTIONNAIRE**

**DECEDENT INFORMATION** (the deceased):

Full Legal Name (First, Middle, Last, Suffix):

---

Maiden Name:

---

Date of Birth:

---

Place of Birth (City, Parish, State):

---

Social Security Number:

---

Last known physical address:

---

Date of Death:

---

Place of Death (City, Parish, State):

---

Did you obtain Death Certificate? **NO** or **YES** (please provide a copy.

THE LAW OFFICE  
OF  
**STEVEN V. FOSS, L.L.C.**

ATTORNEY AND COUNSELOR AT LAW

[www.fosslegal.com](http://www.fosslegal.com)

209 WATERFORD DRIVE  
LAFAYETTE, LA 70503

PHONE: (337) 704-7030

EMAIL: [fosslawfirm@gmail.com](mailto:fosslawfirm@gmail.com)

---

## SUCCESSION QUESTIONNAIRE

### **MARITAL INFORMATION:**

Was the decedent ever married? **NO** (skip this section) or **YES** (please complete this page):

Number of Marriages: \_\_\_\_\_  
**\*If married more than 1 time, please include the information for each spouse.**

### **CURRENT SPOUSE:**

Full Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

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

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

Place of Birth: \_\_\_\_\_  
(City, Parish, State)

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

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
(City, Parish, State)

### ***If spouse is deceased at Decedent's death:***

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

Place of Death: \_\_\_\_\_  
(City, Parish, State)

### ***If spouse was divorced at Decedent's death:***

Date of Divorce: \_\_\_\_\_

Place of Divorce: \_\_\_\_\_  
(City, Parish, State)

Docket Number: \_\_\_\_\_

Number of Children from this Marriage: \_\_\_\_\_

Names of Children/Birthdates: \_\_\_\_\_

---

## SUCCESSION QUESTIONNAIRE

### **CHILDREN INFORMATION:**

Did Decedent have children (birth or adoption)? **NO** (skip this section) or **YES** (please complete this page):

Number of Children: \_\_\_\_\_  
**\*If more than one child, please include the information for each child.**

#### **First Child:**

Full Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

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

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

Place of Birth: \_\_\_\_\_  
(City, Parish, State)

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

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
(City, Parish, State)

#### ***If Child is deceased at Decedent's death:***

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

Place of Death: \_\_\_\_\_  
(City, Parish, State)

#### ***Did this child have any children of his/her own?***

**NO** (skip this question) or **YES** (please list the names of his/her children below and birthdates).

#### ***Was this Child physically and mentally capable of taking care of herself/himself at Decedent's death?***

**YES** (skip this question) or **NO** (please explain below).

---

## SUCCESSION QUESTIONNAIRE

### **CHILDREN INFORMATION** (descendants):

#### **Second Child:**

Full Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

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

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

Place of Birth: \_\_\_\_\_  
(City, Parish, State)

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

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
(City, Parish, State)

#### ***If Child is deceased at Decedent's death:***

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

Place of Death: \_\_\_\_\_  
(City, Parish, State)

#### ***Did this child have any children of his/her own?***

**NO** (skip this question) or **YES** (please list the names of his/her children below and birthdates).

#### ***Was this Child physically and mentally capable of taking care of herself/himself at Decedent's death?***

**YES** (skip this question) or **NO** (please explain below).

---

## SUCCESSION QUESTIONNAIRE

### **CHILDREN INFORMATION** (descendants):

#### **Third Child:**

Full Legal Name:

\_\_\_\_\_  
(First, Middle, Last, Suffix)

Maiden Name:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_  
(City, Parish, State)

Social Security Number:

\_\_\_\_\_

Mailing address:

\_\_\_\_\_

Cell Phone Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Date of Marriage:

\_\_\_\_\_

Place of Marriage:

\_\_\_\_\_  
(City, Parish, State)

#### ***If Child is deceased at Decedent's death:***

Date of Death:

\_\_\_\_\_

Place of Death:

\_\_\_\_\_  
(City, Parish, State)

#### ***Did this child have any children of his/her own?***

**NO** (skip this question) or **YES** (please list the names of his/her children below and birthdates).

#### ***Was this Child physically and mentally capable of taking care of herself/himself at Decedent's death?***

**YES** (skip this question) or **NO** (please explain below).

---

## SUCCESSION QUESTIONNAIRE

### **PARENT INFORMATION** (Decedent's Parents):

#### **MOTHER** (ascendant):

Full Legal Name:

\_\_\_\_\_  
(First, Middle, Last, Suffix)

Maiden Name:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_  
(City, Parish, State)

Social Security Number:

\_\_\_\_\_

Mailing address:

\_\_\_\_\_

Cell Phone Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Date of Marriage:

\_\_\_\_\_

Place of Marriage:

\_\_\_\_\_  
(City, Parish, State)

#### ***If Mother is deceased at Decedent's death:***

Date of Death:

\_\_\_\_\_

Place of Death:

\_\_\_\_\_  
(City, Parish, State)

#### **FATHER** (ascendant):

Full Legal Name:

\_\_\_\_\_  
(First, Middle, Last, Suffix)

Date of Birth:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_  
(City, Parish, State)

Social Security Number:

\_\_\_\_\_

Mailing address:

\_\_\_\_\_

Cell Phone Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

#### ***If Father is deceased at Decedent's death:***

Date of Death:

\_\_\_\_\_

THE LAW OFFICE  
OF  
**STEVEN V. FOSS, L.L.C.**

ATTORNEY AND COUNSELOR AT LAW

[www.fosslegal.com](http://www.fosslegal.com)

209 WATERFORD DRIVE  
LAFAYETTE, LA 70503

PHONE: (337) 704-7030

EMAIL: [fosslawfirm@gmail.com](mailto:fosslawfirm@gmail.com)

---

**SUCCESSION QUESTIONNAIRE**

Place of Death: \_\_\_\_\_  
(City, Parish, State)

**SIBLING INFORMATION** (Decedent's brothers and sisters):

(Circle one answer)

Was the Decedent have any siblings? **NO** (skip this section) or **YES** (please complete this page):

Number of siblings: \_\_\_\_\_  
**\*If more than 1 sibling, please include the information for each sibling.**

**SIBLING** (heir):

Full Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

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

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

Place of Birth: \_\_\_\_\_  
(City, Parish, State)

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

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
(City, Parish, State)

***If sibling is deceased at Decedent's death:***

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

Place of Death: \_\_\_\_\_  
(City, Parish, State)

***Did this sibling have any children of his/her own?***

**NO** (skip this question) or **YES** (please list the names of his/her children below and birthdates).



---

## **SUCCESSION QUESTIONNAIRE**

### **TESTAMENT INFORMATION:**

Was the Decedent leave a Will? **NO** (skip this section) or **YES** (please answer question below):

Do you have the original Will? Please provide a copy of the original Will.

### **PROFESSIONAL INFORMATION:**

Did the Decedent have an attorney? **NO** (skip this section) or **YES** (please answer question below):

#### **ATTORNEY:**

Full Legal Name: \_\_\_\_\_

(First, Middle, Last, Suffix)

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Did the Decedent have a CPA? **NO** (skip this section) or **YES** (please answer question below):

#### **ACCOUNTANT:**

Full Legal Name: \_\_\_\_\_

(First, Middle, Last, Suffix)

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Did the Decedent have a CPA? **NO** (skip this section) or **YES** (please answer question below):

#### **FINANCIAL PLANNER:**

Full Legal Name: \_\_\_\_\_

(First, Middle, Last, Suffix)

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

---

## SUCCESSION QUESTIONNAIRE

### ESTATE ASSETS:

#### IMMOVABLE PROPERTY:

##### REAL ESTATE (includes personal home, lots, camps, and vacation homes):

Address of Real Estate: \_\_\_\_\_  
(Street, City, State, Zip Code)

Address of Real Estate: \_\_\_\_\_  
(Street, City, State, Zip Code)

Address of Real Estate: \_\_\_\_\_  
(Street, City, State, Zip Code)

\* If more than 3, please provide information on a separate sheet of paper.

##### CEMETERY LOT/PLOT:

Name of Cemetery: \_\_\_\_\_  
(Street, City, State, Zip Code)

Address of Cemetery: \_\_\_\_\_  
(Street, City, State, Zip Code)

\* Please provide copy of acquisition documents/bill of sale.

##### OIL, GAS, OR OTHER MINERAL RIGHTS/SERVITUDES:

\* Please provide copy of acquisition documents/bill of sale.

---

## SUCCESSION QUESTIONNAIRE

### ESTATE ASSETS:

#### MOVABLE PROPERTY:

##### AUTOMOBILE:

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

VIN: \_\_\_\_\_

LENDER: \_\_\_\_\_

\* Please provide copy of title or loan documents if auto is still being financed.

\* Please provide information for each auto owned by Decedent.

##### BOAT:

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_

LENDER: \_\_\_\_\_

\* Please provide copy of Bill of Sale or loan documents if Boat is still being financed.

\* Please provide information for each boat owned by Decedent.

##### TRAILER:

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_

LENDER: \_\_\_\_\_

\* Please provide copy of Bill of Sale or loan documents if Trailer is still being financed.

\* Please provide information for each boat owned by Decedent.

---

## SUCCESSION QUESTIONNAIRE

### ESTATE ASSETS:

#### MOVABLE PROPERTY:

**HOUSEHOLD FURNITURE:**  
(Please describe):

**NO** (skip) or **YES** (Please provide value) \$\_\_\_\_\_

**TOOLS:**  
(Please describe):

**NO** (skip) or **YES** (Please provide value) \$\_\_\_\_\_

**FIREARMS:**  
(Please describe):

**NO** (skip) or **YES** (Please provide value) \$\_\_\_\_\_

**ART WORK:**  
(Please describe):

**NO** (skip) or **YES** (Please provide value) \$\_\_\_\_\_

**THINGS OF MONETARY VALUE:**  
(Please describe):

**NO** (skip) or **YES** (Please provide value) \$\_\_\_\_\_

---

## SUCCESSION QUESTIONNAIRE

### ESTATE ASSETS: MOVABLE PROPERTY

#### SAFETY DEPOSIT BOX:

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

#### CHECKING ACCOUNT:

Type of Account: Joint, Separate, Business, other: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Primary Account Holder: \_\_\_\_\_

Account Balance on Date of Death of Descendent: \$ \_\_\_\_\_

*\* Please provide the above information for each checking account.*

#### SAVINGS ACCOUNT:

Name of Bank: \_\_\_\_\_

Address of Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Primary Account Holder: \_\_\_\_\_

Account Balance on Date of Death of Descendent: \$ \_\_\_\_\_

*\* Please provide the above information for each checking account.*

#### ANNUITIES, THRIFT FUNDS: NO (skip) or YES (answer questions below)

*\* Please describe the type, amount, and location of these assets.*

*\* Please provide documentation.*

---

## SUCCESSION QUESTIONNAIRE

### ESTATE ASSETS: MOVABLE PROPERTY

**401K/ BROKERAGE ACCOUNTS:** NO (skip) or YES (answer questions below)

*\* Provide name of Broker and contact information.*

*\* If more than 1 broker, please provide the above information for each broker.*

**BONDS:** NO (skip) or YES (answer questions below)

Serial Number of Bond: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Name Registered In: \_\_\_\_\_

*\* Please provide a copy of the bond.*

*\* If more than 1 bond, please provide the above information for each bond.*

**ACCOUNTS RECEIVABLE:** *Does anyone owe money to Decedent)?*

NO (skip) or YES (answer questions below)

*\* Provide names of all debtors and debts owed to Decedent.*

**LEASE INTEREST:** *Does anyone owe rent to Decedent)?*

NO (skip) or YES (answer questions below)

*\* Provide proof of leases or other information that can be used to determine this issue.*

**PROMISSORY NOTE:** *Did anyone sign a promissory note in favor of paying money to Decedent)?*

NO (skip) or YES (answer questions below)

*\* Provide proof notes or other information that can be used to determine this issue.*

**LITIGATION INTEREST:** *Did Decedent have any legal claim pending at Decedent's death)?*

NO (skip) or YES (answer questions below)

*\* Provide any information that can be used to determine this issue.*

**WRONGFUL DEATH CLAIM:** *Do you believe someone is at fault for Decedent's death?*

NO (skip) or YES (answer questions below)

*\* Provide any information that can be used to determine this issue.*

*\* Provide any information that can be used to determine this issue.*

---

## SUCCESSION QUESTIONNAIRE

### ESTATE ASSETS: MOVABLE PROPERTY

**ESCROW ACCOUNTS:** *Did Decedent have any money in Escrow at the time of Decedent's death?*

NO (skip) or YES (answer questions below)

*\* Provide any information that can be used to determine this issue.*

**WORKMAN'S COMPENSATION:** *Was Decedent receiving Worker Compensation at the time of death?*

NO (skip) or YES (answer questions below)

*\* Provide any information that can be used to determine this issue.*

**DEATH BENEFITS:** *Do you believe Decedent is owed death benefits from his employer?*

NO (skip) or YES (answer questions below)

*\* Provide any information that can be used to determine this issue.*

**DEFERRED COMPENSATION:** *Was Decedent in a Deferred Compensation Program?*

NO (skip) or YES (answer questions below)

*\* Provide any information that can be used to determine this issue.*

**OWNERSHIP IN BUSINESS:** NO (skip) or YES (answer questions below)

Name of Business: \_\_\_\_\_

*\* Please provide proof of Stock ownership, partnership/membership interest.*

*\* If more than 1 business, please provide the above information for each business.*

### ESTATE ASSETS: SEPARATE PROPERTY

**INHERITED PROPERTY:**

*At death, did Decedent own any property he/she inherited during his/her life?*

*\* Please describe any assets that were inherited, from whom, and provide proof.*

*\* Provide any information that can be used to determine this issue.*

### ESTATE ASSETS: COMMUNITY PROPERTY

**MARITAL PROPERTY:**

*\* Please provide any community settlement agreement or termination of the marital regime.*

*\* All assets acquired during the marriage are presumed to be community property.*

*\* Please provide proof of assets you believe to be separate property.*

---

## SUCCESSION QUESTIONNAIRE

### ESTATE ASSETS: HANDLED OUTSIDE OF THE ESTATE

#### LIFE INSURANCE:

Name of Insurer: \_\_\_\_\_

Address of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Amount of Policy: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

*\* Please provide proof of the Insurance Policy (documentation).*

*\* If more than 1 policy, please provide the above information for each policy.*

#### ANNUITIES:

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Amount of Annuity: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

*\* Please provide proof of the Annuity (documentation).*

*\* If more than 1 Annuity, please provide the above information for each Annuity.*



---

## SUCCESSION QUESTIONNAIRE

**ESTATE DEBTS:** \* *Provide any information that can be used to determine these issues.*

**HOME MORTGAGE:** NO or YES (Please provide info).

Name of Lender: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

\* Please provide copy of bill showing amounts unpaid after date of death.

**PROPERTY TAX:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**HOME INSURANCE:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**UTILITIES:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**MEDICAL EXPENSES:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**FUNERAL EXPENSES:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts paid.

**AUTO LOAN:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**STUDENT LOAN:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**CREDIT CARDS:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**BANK LOANS:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**BUSINESS LOANS:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**PROMISSORY NOTES:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.

**CREDIT ACCOUNTS:** NO or YES (Please provide info).

\* Please provide copy of bill showing amounts unpaid after date of death.