



SUCCESSION OVERVIEW

We offer a four-step plan to open a succession to transfer possession and title of property from a loved one into the names of the surviving spouse, heirs or legatees.

Step 1 - Intake Information & Attorney Review

- You will complete and return the requested information and supporting details. You may return this by email, secure upload, or other method approved by our office.
- You will be asked to provide a basic idea of your expectations and goals for the Succession so that we meet your expectations and address any concerns.
- After receiving your information, the attorney will review it and organize it into a summary planning framework.

Step 2 - Consultation by Phone or Zoom & Drafting

- Once the framework is prepared, we will schedule a phone or Zoom consultation with you to review the plan and confirm key decisions.
- During that consultation, we will typically discuss:
 - who should inherit your property,
 - who should serve as executor,
 - who should serve as your agent under a power of attorney,
 - who should make healthcare decisions if you cannot,
 - and any special concerns involving children, blended families, property, business interests, or family dynamics.
- After the consultation, we will prepare your Succession documents based on the information provided.

Step 3 - Draft Review & Scheduling

- You will have an opportunity to review the draft documents before signing. At that stage, we can address reasonable revisions, clarifications, or corrections.
- Once the documents are finalized, we will arrange for proper execution in accordance with applicable law.
- Our goal is for you to know exactly what you are signing before you walk in the door for execution - confident that this matter is taken care of.

Step 4 - Execution / Signing

- Proper execution is critical. This may include witnesses, notarization, and any required formalities depending on the document. Succession documents are only effective if they are signed correctly.
- We generally suggest that you execute at least two original copies.

Please keep in mind:

- Succession documents are based on the information you provide.
- If your circumstances change, your documents may need to be updated.
- If you own unusual assets, business interests, out-of-state property, or have family complications, additional planning may be recommended.

Respectfully Yours,



SUCCESSION INTAKE INFORMATION

YOUR INFORMATION

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:

DECEDENT INFORMATION

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:

MARRIAGE INFORMATION

Was the Decedent married?

NO (skip this section)

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:

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:

Date of Death:

Place of Death: (City, Parish, State)

If spouse was divorced:

Date of Divorce:

Place of Divorce: (City, Parish, State)

Docket Number:

Number of Children from this Marriage:

Names of Children/Birthdates:

CHILDREN INFORMATION:

Did the Decedent have children?

NO (skip this section)

YES (please complete this page):

Children are biological or adopted

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:

Date of Death:

Place of Death: (City, Parish, State)

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

NO (skip this question)

YES (please list the names of his/her children below and birthdates).

Is your Child physically and mentally capable of taking care of herself/himself at this time?

YES (skip this question)

NO (please explain below).

PARENT INFORMATION

MOTHER OF DECEDENT

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:

NO (skip this question and questions below)

YES (please answer questions below).

Date of Death:

Place of Death: (City, Parish, State)

PARENT INFORMATION

FATHER OF DECEDENT

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)

Is your Mother deceased?

NO (skip this question and questions below)

YES (please answer questions below).

Date of Death:

Place of Death: (City, Parish, State)

SIBLING INFORMATION - BROTHER / SISTER OF DECEDENT

Did the Decedent have any siblings?

NO (skip this section)

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)

Is your Sibling deceased?

NO (skip this question)

YES (please the questions below)

Date of Death:

Place of Death: (City, Parish, State)

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

NO (skip this question)

YES (please list the names of his/her children below and birthdates).

CHILDREN OF SIBLING

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:

TESTAMENT INFORMATION:

Did the Decedent have a Will?

NO (skip this section)

YES (please answer question below)

Do you have the original Will?

Location or whereabouts of the original Will?

Do you have any reason to suspect the Will is a forgery?

Do you believe there are parties that will contest the Will?

Do you have more than one Will / Did you ever change the Will?

Do you have copies of all possible Wills and/or changes to the Will?

PROFESSIONAL INFORMATION:

Did the Decedent have a personal attorney?

NO (skip this section)

YES (please answer question below)

ATTORNEY:

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

Mailing address:

Cell Phone Number:

E-mail Address:

Who prepared the last Tax Return?

ACCOUNTANT / CPA / OTHER:

Did the Decedent have a personal accountant or CPA or tax preparer?

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

Mailing address:

Cell Phone Number:

E-mail Address:

FINANCIAL PLANNER:

Did the Decedent have a financial planner?

NO (skip this section)

YES (please answer question below)

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

Mailing address:

Cell Phone Number:

E-mail Address:

BUSINESS PARTNERS:

Did the Decedent have a Business partners?

NO (skip this section)

YES (please answer question below)

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

Mailing address:

Cell Phone Number:

E-mail Address:

ESTATE ASSETS - IMMOVABLE PROPERTY

Did the Decedent own real estate? (i.e. personal home, lots, camps, and vacation homes)

NO (skip this section)

YES (please answer question below)

LIST ALL:

Address: (Street, City, State, Zip Code)

Address: (Street, City, State, Zip Code)

Address: (Street, City, State, Zip Code)

Address: (Street, City, State, Zip Code)

CEMETERY LOT/PLOT:

Did the Decedent own a Cemetery Lot or Plot?

NO (skip this section)

YES (please answer question below)

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

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

Do you have a copy of acquisition documents/bill of sale?

OIL, GAS, OR OTHER MINERAL RIGHTS/SERVITUDES:

Did the Decedent own any oil, gas, or other mineral rights/servitudes?

NO (skip this section)

YES (please answer question below)

Do you have a copy of the acquisition document?

YES (skip this section)

NO (please answer question below)

Provide as much information as you have about this item.

USE THIS SPACE TO INCLUDE OTHER OIL, GAS, OR OTHER MINERAL RIGHTS/SERVITUDES:

ESTATE ASSETS - MOVABLE PROPERTY

AUTOS / MOTORCYCLES:

Did the Decedent own or lease an automobile?

NO (skip this section)

YES (please answer question below)

How many autos/motorcycles were owned? Provide the information below for each item.

Make, Model, Year

VIN Number

Do you have the title to this item?

YES (skip this section)

NO (please answer question below)

Explain if the title is lost or if payments are owed to a bank or lender for this item?

Name of Lender

Address or Branch location of Lender

Loan Number, Account Number, other information to identify the Loan

USE THIS SPACE TO INCLUDE ADDITIONAL INFORMATION.

BOATS:

Did the Decedent own or lease a Boat?

NO (skip this section)

YES (please answer question below)

How many boats were owned? Provide the information below for each auto.

Make, Model, Year

VIN Number/Serial Number

Do you have the title to this item?

YES (skip this section)

NO (please answer question below)

Explain if the title is lost or if payments are owed to a bank or lender for this item?

Name of Lender

Address or Branch location of Lender

Loan Number, Account Number, other information to identify the Loan

USE THIS SPACE TO INCLUDE INFORMATION ABOUT OTHER BOATS OWNED.

BOAT TRAILERS:

Did the Decedent own or lease an Trailer for a Boat?

NO (skip this section)

YES (please answer question below)

How many boats were owned? Provide the information below for each trailer.

Make, Model, Year

VIN Number/Serial Number

Do you have the title to this item?

YES (skip this section)

NO (please answer question below)

Explain if the title is lost or if payments are owed to a bank or lender for this item?

Name of Lender

Address or Branch location of Lender

Loan Number, Account Number, other information to identify the Loan

USE THIS SPACE TO INCLUDE INFORMATION ABOUT OTHER TRAILERS OWNED.

ESTATE ASSETS - MOVABLE PROPERTY

HOUSEHOLD FURNITURE

Did the Decedent own or Household furniture?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each item.

GUNS / FIREARMS

Did the Decedent own guns?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each item.

TOOLS / LAWN EQUIPMENT

Did the Decedent own Tools and/or Lawn Equipment?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each item.

ART WORK

Did the Decedent own Artwork?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each it

MUSICAL INSTRUMENTS

Did the Decedent own musical Instruments?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each it

COLLECTABLE ITEMS OF SIGNIFICANT VALUE - Baseball cards etc.

Did the Decedent own collectables of significant value?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each it

SPECIAL FAMILY HEIRLOOMS - items inherited from your family.

Did the Decedent own special family heirlooms?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each it

PRIZED POSSESSION - items that you cherish. Favorite items.

Did the Decedent have any prized possessions?

NO (skip this section)

YES (please answer question below)

List items and your estimated values for each it

SAFETY DEPOSIT BOX:

Did the Decedent have or use a safety deposit box?

NO (skip this section)

YES (please answer question below)

Name of Bank

Address of Bank or Branch Location

Do you have access to the safety deposit box? Key / Password/ other access method

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

CHECKING ACCOUNT:

Did the Decedent have or use checking account

NO (skip this section)

YES (please answer question below)

Name of Bank

Address of Bank or Branch Location

What type of Account? Joint, Separate, Business, or overseas.

Account Number:

Do you have access to banking records showing the balance at the date of death?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

SAVINGS ACCOUNT:

Did the Decedent have or use checking account

NO (skip this section)

YES (please answer question below)

Name of Bank

Address of Bank or Branch Location

What type of Account? Joint, Separate, Business, or overseas.

Account Number:

Do you have access to banking records showing the balance at the date of death?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

ANNUITIES, THRIFT FUNDS:

Did the Decedent have an annuity or thrift fund?

NO (skip this section)

YES (please answer question below)

Name of Bank or institution

Address of Bank or institution

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

Account Number / Identifying information

Do you have access documentation?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

401K/ BROKERAGE ACCOUNTS:

Did the Decedent have an annuity or thrift fund?

NO (skip this section)

YES (please answer question below)

Name of Brokerage

Address of Brokerage

Please describe the type of assets.

Account Number / Identifying information

Do you have documentation?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

CRYPTO ASSETS:

Did the Decedent have own any crypto assets?

NO (skip this section)

YES (please answer question below)

Name of asset.

Are these assets held in cold storage or through third party broker?

If assets are in cold storage, please answer these questions.

Do you have the device that holds the encryption keys to this asset?

YES (skip this section)

NO (please answer question below)

Do you know the whereabouts of where this information can be obtained?

If assets are owned through a third-party broker, please answer these questions.

Name of Brokerage

Do you have the username and password to access this brokerage?

YES (skip this section)

NO (please answer question below)

Do you know the whereabouts of where this information can be obtained?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

STOCKS / BONDS:

Did the Decedent have own stocks or bonds?

NO (skip this section)

YES (please answer question below)

Serial Number of Bond:

Face Amount:

Date of Issue:

Name Registered In:

Do you have the documentation?

YES (skip this section)

NO (please answer question below)

Do you know the whereabouts of where this information can be obtained?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

OWNERSHIP IN BUSINESS

Did the Decedent own a business?

Name of Business:

Nature of Business (d/b/a, LLC, Partnership, Corporation):

Location of Business:

Do you have documentation showing ownership interest?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

ACCOUNTS RECEIVABLE:

NOTES, LOANS, OTHER AGREEMENTS

Does anyone owe money to the Decedent?

NO (skip this section)

YES (please answer question below)

Describe the nature of debt owed - oral agreement, promissory note, loan agreement.

Name of Debtor.

Address and phone number of Debtor.

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

LEASE INTEREST

Did the Decedent have a lease interest in property?

NO (skip this section)

YES (please answer question below)

Describe the nature of lease.

Name of Lessee.

Address and phone number of Lessee.

Do you have a copy of the lease? Do you know its whereabouts?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

LITIGATION INTEREST

Was the Decedent involved in a lawsuit at this time?

NO (skip this section)

YES (please answer question below)

Describe the nature of lawsuit

Name of parties in the lawsuit.

Address and phone number of parties or the attorney of record.

Do you have a copy of the lawsuit? Do you know its whereabouts?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

WRONGFUL DEATH CLAIM

Do you believe someone is legally responsible for Decedent's death?

NO (skip this section)

YES (please answer question below)

ESTATE ASSETS: MOVABLE PROPERTY

ESCROW ACCOUNTS

Did the Decedent have any money in Escrow?

Do you have any documentation for this claim?

WORKMAN'S COMPENSATION

Was the Decedent receiving Worker Compensation?

Do you have any documentation for this claim?

DEATH BENEFITS

Do you believe the Decedent is owed death benefits from his/her employer?

Do you have any documentation for this claim?

DEFERRED COMPENSATION

Did the Decedent have an interest in a Deferred Compensation Program?

Do you have any documentation for this claim?

SEPARATE PROPERTY

INHERITED PROPERTY

Did the Decedent own any property inherited from your family?

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

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

USE THE SPACE BELOW TO ANSWER THESE QUESTIONS.

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.

USE THE SPACE BELOW TO ANSWER THESE QUESTIONS.

ESTATE ASSETS: HANDLED OUTSIDE OF THE ESTATE

PROPERTY OUTSIDE OF LOUISIANA

Did the Decedent own property outside of the State of Louisiana?

NO (skip this section)

YES (please use the space below to explain)

LIFE INSURANCE

Did the Decedent own a life insurance policy?

Name of Insurer:

Address of Insurer:

Policy Number:

Amount of Policy:

Name of Beneficiary:

Do you have proof of the Insurance Policy (documentation).

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

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

ANNUITIES

Did the Decedent own an annuity?

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.

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

FINANCIAL WEBSITES AND BANKING

Did the Decedent own use online banking through the internet? (i.e. offshore banking)

Name of Website

E-mail Accounts associated with account.

Do you have the username and password?

If more than 1 account, please provide the above information for each account.

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

SOCIAL MEDIA ACCOUNTS

Did the Decedent use social media?

Name of Provider:

E-mail Accounts:

Do you have usernames and password?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

ESTATE DEBTS:

(Please answer the questions below if they are applicable)

HOME MORTGAGE:

Name of Lender:

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

PROPERTY TAX:

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

HOME INSURANCE:

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

UTILITIES:

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

MEDICAL EXPENSES:

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

FUNERAL EXPENSES:

Please provide copy of bill showing amounts paid.

AUTO LOAN:

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

STUDENT LOANS:

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

CREDIT CARDS:

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

BANK LOANS:

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

BUSINESS LOANS:

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

PROMISSORY NOTES:

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

OTHER OPEN CREDIT ACCOUNTS:

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