SUCCESSION QUESTIONNAIRE

Date:			

- ** Submit the following documents to attorney along with this questionnaire: **
 - (1) Official death certificate
 - (2) Property description for all real estate owned by decedent
 - (3) Original vehicle titles for all vehicles owned by decedent
 - (4) Original Last Will and Testament of the decedent

** FOR <u>ALL NAMES</u>: Include <u>MIDDLE NAMES</u> as well as <u>MAIDEN NAMES</u>. Failure to include this information will cause a delay in drafting your documents. **

A. Family

Decedent (person who died	d) Spouse
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE, ZIP:	CITY , STATE, ZIP:
PARISH OF RESIDENCE:	PARISH OF RESIDENCE:
HOME PHONE:	HOME PHONE:
BUSINESS PHONE:	BUSINESS PHONE:
CELL PHONE:	CELL PHONE:
OCCUPATION:	OCCUPATION:
BIRTH DATE:	BIRTH DATE:
SOCIAL SECURITY NO.:	SOCIAL SECURITY NO.:
COUNTRY OF CITIZENSHIP:	COUNTRY OF CITIZENSHIP:
DATE OF DEATH:	DATE OF DEATH (if applicable):
PLACE OF DEATH:	PLACE OF DEATH:
LENGTH OF	DATE OF

TIME LIVING IN				DIVORCE	`			
LOUISIANA:				applicable)				
DATE OF MARRIAGE:				Prior N			SE Indicat or DIVO	<mark>e if marriage</mark> RCE)
PLACE OF MARRIAGE:					NAME	, 22:111	DATE	DECEASED/ DIVORCED
		F	Executor/A	dministrator (Ful	l Name)			
NAME:								
STREET ADDRESS	S:							
CITY, STATE, ZIP	:							
PHONE:								
CHI	I DDFN	(nlosso us	o full name	es) – If decedent h	ad na chi	ildron list	all sibling	56
List names of all decestate (please attach				ceased) and also oth	ners who a	are named	to receive	a portion of the
Name of Child:				Name of C	Child:			
Street:				Street:				
City/State/Zip:				City/State/	Zip:			
Telephone #:				Telephone	#:			
Birth date:				Birth date:				
Social Security No.				Social Seco	urity No.			
Relationship:				Relationsh	ip:			
Mother and Father:				Mother and	d Father:			
	1							
Name of Child:				Name of C	Child:			
Street:				Street:				
City/State/Zip:				City/State/	Zip:			
Telephone #:				Telephone	#:			
Birth date:				Birth date:				
Social Security No.				Social Seco	urity No.			
Relationship:				Relationsh	ip:			
Mother and Father:				Mother and	d Father:			
·	· ·					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

Name of Child:		Name of Child:	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
Telephone #:		Telephone #:	
Birth date:		Birth date:	
Social Security No.		Social Security No.	
Relationship:		Relationship:	
Mother and Father:		Mother and Father:	
	I	1	
Name of Child:		Name of Child:	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
Telephone #:		Telephone #:	
Birth date:		Birth date:	
Social Security No.		Social Security No.	
Relationship:		Relationship:	
Mother and Father:		Mother and Father:	
Does decedent have	any other children	by a previous marriage or relationship?	Yes or No
Are any of the child incapable of taking ca	dren under the ago are of their persons	by a previous marriage or relationship? e of 23, or have a mental incapacity of a or administering their estates? e latter, a description of their mental incapacity.	r physical infirmity, are permanently Yes or No
Are any of the child incapable of taking call of taking call for the call of taking call of the call of taking call of the cal	dren under the ago are of their persons , and if they are the	e of 23, or have a mental incapacity of or administering their estates?	r physical infirmity, are permanently <i>Yes or No</i> pacity or physical infirmity:
Are any of the child incapable of taking ca	dren under the ago are of their persons , and if they are the	e of 23, or have a mental incapacity of or administering their estates?	r physical infirmity, are permanently <i>Yes or No</i> pacity or physical infirmity:
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Are any of the child incapable of taking call of taking call for the call of taking call of the call of taking call of the cal	dren under the agare of their persons, and if they are the	e of 23, or have a mental incapacity of or administering their estates? e latter, a description of their mental incap Descrip	r physical infirmity, are permanently <i>Yes or No</i> pacity or physical infirmity:

Insurance Agent(s) (Company):	
Primary Banking Relationship:	
Secondary Banking Relationship:	
Real Estate Appraiser:	

C. Wills and Agreements in Effect

Does deceased have a will? (If yes, please provide original, or location)	
Are there any trusts in effect? (Please provide copies)	
Are there any marriage contracts in effect? (If yes, please provide copies)	

D. Gift Tax Returns

Did the decedent file federal or state gift tax returns? (If yes, please provide copies)	
Did the decedent make gifts in excess of \$10,000 for which no gift tax returns have been filed?	

E. Financial Information

Schedule A

REAL ESTATE & MINERAL RIGHTS

	FAIR MAR	KET VALUE
Brief Description	Separate	Community
1. Home:		
2. Other Real Estate in Louisiana:		
3. Other Real Estate outside of Louisiana:		
4. Mineral Rights/Royalty Interests:		

	,	,
TOTAL VALUE		

If you have copies of deeds, leases or other instruments, giving the legal description, please provide that to us. All real estate will have to be appraised.

Schedule B

STOCKS & BONDS

LISTED STOCKS OR BONDS:

EISTED STOCKS ON D			FAIR MARKET VALUE	
Company	Certificate #	Shares	Separate	Community
TOTAL VALUE				

- 1. Please include all dividend reinvestment accounts, stock options and warrants.
- 2. Please include all broker accounts.

Schedule C-1

BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, CASH, NOTES, RECEIVABLES

				FAIR MARKET VALUE	
Name of Bank/Institution:	Address	Type of Account and Number	Payable on Death to a Beneficiary	Separate	Community
TOTAL VALUE					

*NOTE: Do not list any IRA accounts

Schedule C-2

U.S. SAVINGS BONDS U.S. TREASURY OBLIGATIONS

	Payable on Death to a	FAIR MARKET VALUE		
Brief Description	Beneficiary or How Denominated	Separate	Community	
TOTAL VALUE				

Schedule D

LIFE INSURANCE

Insurance Company	Insured	Beneficiary	Cash Value	Loans or Subject to Split Dollar	Face Amount Payable at Death Before Loan
TOTAL VALUE					

(Attach a copy of policies)

In requesting payment of life insurance proceeds, please request the insurance company to issue a Form 712 to you.

Schedule F

MISCELLANEOUS PROPERTY

AUTOMOBILES:

Brief Description		FAIR MAR	KET VALUE			
		Separate	Community			
Year	Make	VIN	Type	Mortgage		
TOTAL VALUE						

		FAIR MARKET VALUE	
Brief Description		Separate	Community
Tools/Firearms:			
Antiques:			
Jewelry:			
Furniture:			
Coin/Art Collections:			
Claims or Intangibles:			
Escrows or Deposits:			
Debts Due Estate:			
Miscellaneous:			
TOTAL VALUE			
PARTNERSHIPS OR LIMITED LIABILITY	OMPANIES:		
	Percentage of	FAIR MARKET VALUE	
Brief Description	Ownership	Separate	Community

INTEREST IN THE FOLLOWING:

DEFERRED CONTRIBUTION PLANS:

Thrift Plan, Profit Sharing Plan, ESOP or Stock Bonus	Participant	Beneficiary	Fair Market Value
TOTAL VALUE:	1	1	

DEFINED BENEF	Company	Participant	Beneficiary	Projected Annual
				Payments
TOTAL VALUE:				
IRA ACCOUNTS:				
Bank or In		Owner	Beneficiary	Fair Market Value
TOTAL VALUE:				
ANNUITIES:				
Bank or In	stitution	Owner	Beneficiary	Fair Market Value
TOTAL VALUE:				
OTHER:				
Туре		Name		Fair Market Value
Unpaid Salary				
Rents Receivable				
Notes Receivable				

TOTAL VALUE:

Schedule K

MORTGAGES & LIENS

	AMOUNT OWED		
Brief Description of Mortgage or Debt	Separate	Community	
A. Mortgages on Home, Auto or other Property			
1. Name of Institution:			
2. Name of Institution:			
3. Name of Institution:			
B. Signature Loans at Bank or Other Institutions:			
1. Name of Institution:			
2. Name of Institution:			
3. Name of Institution:			
C. Current Debts (Utilities, etc.):			
D. Medical and Other Expenses of Last Illness:			
E. Funeral Expenses			
F. Other Debts:			
G. Usufructuary Accounting Due:			

TOTAL VALUE	

<u>Appli</u>	<u>cant</u>				
I cert	I certify that the information I have provided herein is true and accurate. I have carefully read this				
quest	ionnaire, and I certify the information is true and complete.				
Date	Signature				
	***THE USE OR SUBMISSION OF THIS QUESTIONNAIRE DOES NOT CONSTITUTE				
DI					
KI	EPRESENTATION BY THE LAW OFFICE OF JULIE DESORMEAUX ROSENZWEIG, L.L.C., NOR				
	SHALL IT BE CONSIDERED LEGAL ADVICE***				