

To determine whether we can proceed with your succession matter, please complete this form and, if requested, provide the following documents applicable for the decedent (person who died):

- A copy of the death certificate
- Applicant’s birth certificate
- Decedent’s marriage certificate(s)
- A copy of decedent’s will, if applies.
- Decedent’s obituary
- You will need the original will to file.

Responses must be accurate and verifiable. Answer every question; do not leave blanks. If a question does not apply to your situation, please write ‘N/A’. **We cannot proceed with your case without the information and documents requested.** If you have additional information not requested that might be useful, or if you do not have sufficient room to include all information, please use Section 9 of this application and/or additional sheets of paper to elaborate.

Please complete this form and provide the requested documents to intake@probono-no.org or by mail or in person to 935 Gravier Street, Suite 1340, New Orleans, Louisiana 70112.

St. Tammany or Washington Parish applicants may send the requested documents to krichard@probono-no.org or 810 N. Columbia Street, Suite A, Covington, LA 70433.

1. CLIENT	
<i>Please provide first, middle, maiden, and last as well as any other names you’ve gone by in the past.</i>	
Your Full Name	
Your Relationship to the Decedent	Relationship: _____ Is your relationship to the decedent documented in a birth or marriage certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. DECEDENT	
<i>The DECEDENT is the person who died.</i>	
Decedent’s Name	
Date of Death	
Decedent’s Last Known Address	Street Address: _____ City: _____ State: _____ Zip: _____
Decedent’s Will	Did the decedent leave a will? <input type="checkbox"/> YES (testate) <input type="checkbox"/> NO (intestate) Do you have a copy of the will? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If the decedent had a will, you will need an <u>original</u> will to file with the petition for probate and possession. Please send a copy to us.</i>

3. THE DECEDENT'S MARRIAGES	
Did the decedent ever marry?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, please proceed to section 3 of the questionnaire)</i> If yes, how many times? _____
Did the decedent have a living spouse at the time of death?	<input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Address: _____
Did the Decedent Have Any Marriages That Ended in Death or Divorce?	1. Name: _____ <input type="checkbox"/> Death? Date: _____ <input type="checkbox"/> Divorce? Date: _____ Marriage date: _____ If deceased, was a succession performed for this spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Name: _____ <input type="checkbox"/> Death? Date: _____ <input type="checkbox"/> Divorce? Date: _____ Marriage date: _____ If deceased, was a succession performed for this spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. Name: _____ <input type="checkbox"/> Death? Date: _____ <input type="checkbox"/> Divorce? Date: _____ Marriage date: _____ If deceased, was a succession performed for this spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO

4. THE DECEDENT'S CHILDREN	
<i>If you need more room, list additional family members in section 9 of the questionnaire.</i>	
Did the Decedent Have Any Biological or Formally Adopted Children?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, please proceed to section 4 of the questionnaire)</i>
Decedent's Biological Children	1. Name: _____ Birthdate: _____ Address: _____ Death date (if applies): _____ Was the decedent listed as a parent on the child's birth certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Name: _____ Birthdate: _____ Address: _____ Death date (if applies): _____ Was the decedent listed as a parent on the child's birth certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO

4. THE DECEDENT'S CHILDREN (CONT.)

Decedent's Biological Children (cont.)	<p>3. Name: _____ Birthdate: _____</p> <p>Address: _____ Death date (if applies): _____</p> <p>Was the decedent listed as a parent on the child's birth certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Name: _____ Birthdate: _____</p> <p>Address: _____ Death date (if applies): _____</p> <p>Was the decedent listed as a parent on the child's birth certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Decedent's Formally Adopted Children	<p><i>Please provide adoption papers.</i></p> <p>1. Name: _____ Birthdate: _____</p> <p>Address: _____ Death date (if applies): _____</p> <p>2. Name: _____ Birthdate: _____</p> <p>Address: _____ Death date (if applies): _____</p>
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5. THE DECEDENT'S GRANDCHILDREN

*If any of the decedent's **deceased** children had children, provide further information here.
Do **NOT** include the children of the decedent's living children.*

Grandchildren (Children of Decedent's Deceased Children)	<p>1. Deceased child's name: _____</p> <p>Grandchild's name: _____</p> <p>Birthdate: _____ Death date (if applies): _____</p> <p>Address: _____</p> <p>2. Deceased child's name: _____</p> <p>Grandchild's name: _____</p> <p>Birthdate: _____ Death date (if applies): _____</p> <p>Address: _____</p>
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5. THE DECEDENT'S GRANDCHILDREN (CONT.)

**Grandchildren
 (Children of Decedent's
 Deceased Children)**

3. Deceased child's name: _____

Grandchild's name: _____

Birthdate: _____ Death date (if applies): _____

Address: _____

4. Deceased child's name: _____

Grandchild's name: _____

Birthdate: _____ Death date (if applies): _____

Address: _____

5. Deceased child's name: _____

Grandchild's name: _____

Birthdate: _____ Death date (if applies): _____

Address: _____

6. THE DECEDENT'S PARENTS AND SIBLINGS

*Fill this section out **ONLY** if the decedent had no children.*

Decedent's Parents

Mother's name: _____

Address (if living): _____

Death date (if applies): _____

Father's name: _____

Address (if living): _____

Death date (if applies): _____

6. THE DECEDENT'S PARENTS AND SIBLINGS (CONT.)

Fill this section out **ONLY** if the decedent had no children.

Decedent's Siblings	<p>1. Sibling's name: _____</p> <p>Address (if living): _____</p> <p>Death date (if applies): _____</p> <p>2. Sibling's name: _____</p> <p>Address (if living): _____</p> <p>Death date (if applies): _____</p> <p>3. Sibling's name: _____</p> <p>Address (if living): _____</p> <p>Death date (if applies): _____</p> <p>4. Sibling's name: _____</p> <p>Address (if living): _____</p> <p>Death date (if applies): _____</p>
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7. THE DECEDENT'S ASSETS

Did the decedent own any property such as a house, land, a bank account, jewelry, or furniture at the time of death?

Decedent's Property	<p>Did the decedent leave immovable property such as a house or land? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, complete the following:</p> <p>1. Address: _____ Was it inherited? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the decedent married when they bought the property? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE</p> <p>Are there any co-owners? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Address: _____ Was it inherited? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the decedent married when they bought the property? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE</p> <p>Are there any co-owners? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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7. THE DECEDENT'S ASSETS (CONT.)

Did the decedent own any property such as a house, land, bank accounts, jewelry, or furniture at the time of death?

Decedent's Bank Account	Bank name: _____ Account #: _____ Bank address: _____ Account balance: \$ _____
Decedent's Vehicle	Make: _____ Model: _____ Year: _____ VIN Number: _____ Mileage: _____ Condition: _____
Value of Other Assets	Jewelry: \$ _____ Furniture: \$ _____ Clothing: \$ _____ Art/Décor: \$ _____ Other: _____ Value: \$ _____

8. DECEDENT'S DEBTS

Mortgage	Mortgage company: _____ Address of mortgaged property: _____ Monthly payment: _____ Balance: \$ _____ Date of last payment: _____
Personal Loan	Loan company: _____ Monthly payment: _____ Balance: \$ _____ Date of last payment: _____
Credit Cards	Account name: _____ Card issuer: _____ Account number: _____ Balance: \$ _____

8. DECEDENT'S DEBTS (CONT.)

Medical Debt	Provider: _____ Balance: \$ _____
Other Debt	<p>Have the decedent's funeral expenses been paid? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If no, amount owed: _____</p> <p>Did the decedent owe any money as the result of a lawsuit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, amount owed: _____</p> <p><i>If there are any other debts you know of, please include them in section 8 below.</i></p>

9. OTHER NOTES

Use this section to document any family members, assets, or debts you did not have room for on the prior pages. If you need more room than this, feel free to attach additional sheets of paper to the questionnaire, write on the back, or list them in a supplemental email to intake@probono-no.org.

SUCCESSIONS INFORMATION CHECKLIST

A succession is the transfer of title to property from the decedent (the person who died) to their heirs. Successions must be executed by an attorney and are necessary to transfer the title to property, regardless of whether the decedent died testate (with a will) or intestate (without a will).

Below is a checklist of the information needed for a succession. Please start gathering the following information and documents as soon as possible. We cannot proceed with your case until we receive the necessary documents and information.

Information

- The decedent's **name, date of death, last known address,** and **marital status** at the time of death.
- Information about **all** of the decedent's spouses: their name(s) and date(s) of marriage.
- The names and address of **all of the decedent's children.** By law, we must notify all heirs to the decedent's estate that a succession is being filed. It is very important that **you** provide us with this information yourself, or we cannot move forward with your case. Please know that this means that we cannot call heirs on your behalf or search for them on the internet.
- The status (alive or deceased) of all of the **decedent's children.**
- If any of the **decedent's children** are **deceased,** list the names and addresses of the **deceased child's children.** Under Louisiana successions law, a grandchild may inherit if their parent is deceased.
- The address and value of the decedent's immovable property (i.e. their house).
- The value of the decedent's movable property (i.e., their car, boat, bank account or investment accounts).
 - For vehicles, you will need to provide the Make, Model, Year and VIN Number.
 - For bank accounts and other financial accounts, you will need to provide the name of the financial institution (i.e. Chase Bank, Regions) and account number.
- Any and all information relating to the debts of the decedent, including but not limited to: mortgages, medical bills, credit card bills, etc..

Documents

- If the decedent died with a will, you will need to send a copy of the will to your attorney.
- An original version of the decedent's death certificate. It is a good idea to get multiple originals of the death certificate and keep them in your records, because you may need them for other issues relating to the estate.