

**JOSEPH B. HARVIN, ESQ.**  
**The Harvin Law Firm, APLC**  
636 Gause Blvd., # 303  
Slidell, La 70458  
985-781-8885

**SUCCESSION WORKSHEET**

Succession of \_\_\_\_\_ File number \_\_\_\_\_

Parish/Court/Docket No./Judge:

Client:

Full name of client

Address

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ SS #

Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Cell phone

Email:

Name of employer \_\_\_\_\_ Job title \_\_\_\_\_

Address of employer

Your Relationship to decedent

Status in Succession (heir, legatee, creditor, fiduciary, etc.)

Decedent:

Name of decedent \_\_\_\_\_ a/k/a

Date of death \_\_\_\_\_ Age at death \_\_\_\_\_ Citizenship:

Place of death \_\_\_\_\_ Parish of Domicile:

Last home address date of death:

Funeral Home Name:

Cause of death

Date of birth \_\_\_\_\_ Place of birth

Decedent's Social Security # \_\_\_\_\_ Medicare #:

Decedent's Marriage:

Spouse of decedent \_\_\_\_\_ Social Security #

Date of birth of spouse \_\_\_\_\_ Date of marriage \_\_\_\_\_

Parish where married: \_\_\_\_\_ Place of marriage:

Did Spouse survive Decedent: \_\_\_\_\_ Date of Spouse's Death:

If Spouse pre-deceased Decedent, Has Spouse's Succession been opened: \_\_\_Y \_\_\_No

If Succession filed for deceased spouse: Parish of \_\_\_\_\_ Docket #

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Children of decedent by this spouse:

Name	Date of Birth	Age	Address	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ay child the age of or under 24 and/or judicially declared incompetent or incapable of handling his/her financial affairs and/or been medically diagnosed with Bipolar disease on or before the death of the decedent (your loved one)? \_\_\_ Yes \_\_\_ No - If yes, name of person: \_\_\_\_\_  
 If yes, will need documentary proof thereof.

Prior marriage:

Spouse

Date of marriage \_\_\_\_\_ Date terminated \_\_\_\_\_ by \_\_\_\_\_

Divorce: Docket number \_\_\_\_\_ Court \_\_\_\_\_

Children of decedent by prior marriages:

Name	Age	Address	Child of	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children of the decedent outside of marriage:

Name	Age	Address	Social Security Number	Name of other parent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any descendants of decedent physically or mentally disabled?

Yes \_\_\_ No \_\_\_

Did any children under the age of 24 predecease the decedent, leaving minor children or disabled children?

Yes \_\_\_ No \_\_\_ If So, names, address, dates of birth and SS #'s: \_\_\_\_\_

Adoption:

Was Decedent ever adopted anyone or ever adopted by anyone?

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Yes \_\_\_\_\_ No \_\_\_\_\_

Parent(s) of decedent: \_\_\_\_\_

Last will and testament? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, do you have original Will?  
If not, do you know where the Will is located or who has possession of it and if so, provided that information:

(1) Executor named in Will:

(2) Independent Administration provided for by will and if so, name and contact information:

Yes \_\_\_\_\_ No \_\_\_\_\_

Affidavit of death, domicile, and heirship (who knew Decedent well and can testify as to who may be her/his heirs, etc):

Affiants' names: \_\_\_\_\_ and

Affiants' contact information:

and

Affiants' telephone numbers: \_\_\_\_\_ and

Did Decedent make any donations during her/his lifetime that you or someone will object to:

Value at date of donation \_\_\_\_\_

Gift tax return filed? Yes \_\_\_\_\_ No \_\_\_\_\_

Assets:

Residence:

Municipal address

Community property? Yes \_\_\_\_\_ No \_\_\_\_\_ Date acquired:

Manner acquired:

Approximate Value of land and improvements \$

Mortgage Company:

Balance due on mortgage as of date of death \_\_\_\_\_

Other real estate:

Municipal address or legal description:

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Community property? Yes \_\_\_\_\_ No \_\_\_\_\_

Approximate value \$

Mortgage Company

Balance due on mortgage as of date of death \_\_\_\_\_

Stocks and bonds:

Company	Cert. Number	In Name of	Number Shares	Value Per Share	Total Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total fair market value of stocks and bonds \$\_\_\_\_\_

**U.S. Savings bonds, pensions, IRA, Life Insurance not included in Succession but amounts may be necessary to determine if IRS estate tax return must be filed.**

**FINANCIAL ACCOUNTS - NEED ACCOUNT STATEMENT'S FOR ENDING MONTH OF DECEDENT'S DATE OF DEATH**

CASH: Amount: \$

Name of person having possession of the cash:

Checking accounts:

at \_\_\_\_\_ Bank at Branch

Account Number \_\_\_\_\_ Names on Account:

Balance on deposit on date of death \$\_\_\_\_\_

Savings account:

at \_\_\_\_\_ Bank at Branch

Account Number \_\_\_\_\_ Names on Account:

Balance on deposit on date of death \$\_\_\_\_\_

Certificate of Deposits (CD)

at \_\_\_\_\_ Bank at Branch

Account Number \_\_\_\_\_ Names on CD:

Balance of CD on date of death \$\_\_\_\_\_

**IF HAVE MORE THAN ONE CHECKING, SAVING, MONEY MARKET, CD, ETC. PLEASE USE SEPARATE SHEET AND LIST FOR EACH OWNED BY DECEDENT ON HER/HIS DATE OF DEATH**

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Notes/accounts receivable:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**OTHER FINANCIAL ACCOUNTS:** Attach separate papers listing other financial accounts and amount thereof.

Automobiles:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN number \_\_\_\_\_ Mileage \_\_\_\_\_

Title in name or names of

Location of title

**IF MORE THAN ONE USE SEPARATE PAGE AND PROVIDE ALL DOCUMENTS TO THE HARVIN LAW FIRM, APLC**

**If Decedent had any valuables, gun - coin - jewelry - etc collections please list and identify each item in the collection on separate page or discuss matter with attorney.**

Miscellaneous property:

Furniture, personal belongings, jewelry \_\_\_\_\_

Estimated fair market value of miscellaneous property \$ \_\_\_\_\_

Other assets:

Estimated fair market value of other assets \$ \_\_\_\_\_

**Life insurance: If Decedent had life insurance please discuss with attorney.**

Safety deposit box:

Bank \_\_\_\_\_

Number \_\_\_\_\_

Branch name and number \_\_\_\_\_

Physical location (and person with custody) of key \_\_\_\_\_

Describe contents \_\_\_\_\_

Value of contents \$ \_\_\_\_\_

Total fair market value of assets on date of death \$ \_\_\_\_\_

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Debts:

Funeral and last illnesses:	
Funeral director	\$ _____
Cemetery plot	\$ _____
Less: burial policies	\$ _____
Last illnesses:	
Hospital	\$ _____
Physicians	\$ _____
Ambulance	\$ _____
Drugs	\$ _____
Other	\$ _____

Other debts and mortgages:

Name, address, phone number of creditors

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Recapitulation:

Fair market value Real estate  
 \$ \_\_\_\_\_ Stocks and bonds  
 \$ \_\_\_\_\_ Cash and notes  
 \$ \_\_\_\_\_ Automobiles  
 \$ \_\_\_\_\_ Miscellaneous property  
 \$ \_\_\_\_\_ Other assets  
 \$ \_\_\_\_\_ Life insurance  
 \$ \_\_\_\_\_ Total gross estate  
 \$ \_\_\_\_\_ Decedent's one-half  
 interest  
 \$ \_\_\_\_\_ (if community property)

Liabilities and deductions:

Funeral and last illness

\$ \_\_\_\_\_ Administrative expenses  
 \$ \_\_\_\_\_ Court costs and expenses  
 \$ \_\_\_\_\_ Appraisal costs  
 \$ \_\_\_\_\_ Attorney's fees  
 \$ \_\_\_\_\_ Accountant's fees  
 \$ \_\_\_\_\_ Mortgages  
 \$ \_\_\_\_\_ Total liabilities  
 \$ \_\_\_\_\_ Special bequest by testament  
 \$ \_\_\_\_\_ Portion inherited by spouse  
 \$ \_\_\_\_\_ Portion subject to usufruct  
 \$ \_\_\_\_\_ Value of usufruct,  
 \$ \_\_\_\_\_ Usufructuary age  
 Net estate less usufruct to be distributed  
 \$ \_\_\_\_\_

STATE HERE ANY OTHER INFORMATION YOU MAY WANT TO TELL SUCCESSION ATTORNEY ABOUT THE DECEASED OR HIS/HER ESTATE: