

# Joseph P. (J.P.) Morella

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## SUCCESSION WORKSHEET

### I. INFORMATION ON DECEASED:

- (1) Full name of the deceased: \_\_\_\_\_
- (2) Address of the deceased: \_\_\_\_\_
- (3) Date of Birth: \_\_\_\_\_
- (4) Social Security No.: \_\_\_\_\_
- (5) Date of Death: \_\_\_\_\_
- (6) Place of Death: \_\_\_\_\_
- (7) Was deceased in nursing home (if so, where): \_
- (8) Marital Status (list all marriages): \_\_\_\_\_
- (9) Was there a Will (if so, need copy): \_\_\_\_\_
- (10) Need copy of the Death Certificate.
- (11) Need copy of funeral bill.
- (12) Need copy of hospital bill.

### II. INFORMATION ON SURVIVING SPOUSE:

- (1) Name of surviving spouse: \_\_\_\_\_
- (2) Address of spouse: \_\_\_\_\_
- (3) Date of Birth: \_\_\_\_\_
- (4) Social Security No.: \_\_\_\_\_
- (5) Telephone No.: \_\_\_\_\_

III. **INFORMATION ON CHILDREN (PLEASE LIST ALL CHILDREN INCLUDING ADOPTED CHILDREN AND DECEASED CHILDREN):**

- (1) Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Social Security No.: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- (2) Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Social Security No.: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- (3) Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Social Security No.: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

(4) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

(5) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

IF ANY OF THE ABOVE AND CHILD/CHILDREN ARE DECEASED, PLEASE PROVIDE THE SAME INFORMATION FOR THE DECEASED CHILD/CHILDREN'S HEIRS

IV. **ASSETS:**

(4) REAL ESTATE:  
(a) Property Address: \_\_\_\_\_  
Estimated value: \_\_\_\_\_  
Existing mortgages:  
Name of Bank: \_\_\_\_\_  
Approximate balance: \_\_\_\_\_

(b) Property Address: \_\_\_\_\_

Estimated value: \_\_\_\_\_

Existing mortgages:

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

Approximate balance: \_\_\_\_\_

(2)

**BANK ACCOUNTS:**

(a) Checking Account:

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

Name(s) on Account: \_\_\_\_\_

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

Approximate balance on date of death: \_\_\_\_\_

(b) Savings Account:

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

Name(s) on Account: \_\_\_\_\_

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

Approximate balance on date of death: \_\_\_\_\_

(c) IRA Account:

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

Name(s) on Account: \_\_\_\_\_

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

Approximate balance on date of death: \_\_\_\_\_

(d) Other Account:

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

Name(s) on Account: \_\_\_\_\_

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

Approximate balance on date of death: \_\_\_\_\_

(e) Stocks and Bonds:

List of stocks and bonds: \_\_\_\_\_

(3)

AUTOMOBILES:

(a) Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

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

Existing lien holder and amount owe: \_\_\_\_\_

Value at time of death: \_\_\_\_\_

(b) Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

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

Existing lien holder and amount owe: \_\_\_\_\_

Value at time of death: \_\_\_\_\_

(c) Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

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

Existing lien holder and amount owe: \_\_\_\_\_

Value at time of death: \_\_\_\_\_

(4)

**MOBILE HOME:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

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

Existing lien holder and amount owe: \_\_\_\_\_

Value at time of death: \_\_\_\_\_

(5) **BOAT(S) AND BOAT TRAILER(S):**

(a) Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

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

Existing lien holder and amount owe: \_\_\_\_\_

Value at time of death: \_\_\_\_\_

(b) Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

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

Existing lien holder and amount owe: \_\_\_\_\_

Value at time of death: \_\_\_\_\_

(6) **BUSINESS OWNERSHIP:**

Please list any business, corporation or limited liability company that the deceased has an interest in.

V. **DEBTS AND LIABILITIES:**

Please list all other debts and liabilities not listed above:

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**NEED COPIES OF THE FOLLOWING:**

- CERTIFIED COPY OF DEATH CERTIFICATE
- LAST WILL AND TESTAMENT (NEED ORIGINAL, IF NOT RECORDED)
- FUNERAL BILL
- HOSPITAL BILL
- DEED(S) TO PROPERTY
- STOCKS AND BONDS
- CAR REGISTRATION(S)
- BOAT REGISTRATION(S)
- TRAILER REGISTRATION(S)
- DEATH CERTIFICATE OF ANY DECEASED CHILD OF THE DECEASED