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# **CONFIDENTIAL**

# **ESTATE ADMINISTRATION WORKSHEET**

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DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN! WE  
LOOK FORWARD TO SEEING YOU.

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL**

# SUCCESSION INTERVIEW FORM

## CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. Wk: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## INFORMATION ON DECEASED

Name: \_\_\_\_\_

Address at Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Place of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Was there a WILL?  YES  NO If so, location: \_\_\_\_\_

Was there a safety deposit box?  YES  NO If so, location: \_\_\_\_\_  
(Did the deceased have access to a safety deposit box jointly with someone else or  
have one in the name of his/her business?  Yes  No)

Marital Status:  Married  Widow(er)  Divorced  Single

Name of Spouse: \_\_\_\_\_

Date of Birth (Spouse): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name of Previous Spouse(s): \_\_\_\_\_

(If previous spouse is deceased, indicate date and place of death and whether or not the succession has been opened:

Name \_\_\_\_\_  Deceased  Living  
Marriage to Decedent Terminated By:  Divorce  Death  
Date of Birth \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Succession Opened:  Yes  No  
Number of Children born to Decedent and Previous Spouse: \_\_\_\_\_  
Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  Deceased  Living  
Marriage to Decedent Terminated By:  Divorce  Death  
Date of Birth \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Number of Children born to Decedent and Previous Spouse: \_\_\_\_\_  
Succession Opened:  Yes  No  
Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS OF DECEASED**

(If parent(s) is deceased, indicate date and place of death and whether or not the succession has been opened:

Mother's Name \_\_\_\_\_  Deceased  Living  
and Address \_\_\_\_\_  
\_\_\_\_\_  
Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened:  Yes  No

Father's Name: \_\_\_\_\_  Deceased  Living  
and Address \_\_\_\_\_  
\_\_\_\_\_  
Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened:  Yes  No

**CHILDREN OF DECEASED**

(1) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status:  Married  Divorced  Widow(er)  Single  
Spouse(s) Name (s) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status:  Married  Divorced  Widow(er)  Single  
Spouse(s) Name (s) \_\_\_\_\_  
 Deceased  Living  
Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened:  Yes  No

(3) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status:  Married  Divorced  Widow(er)  Single  
Spouse(s) Name (s) \_\_\_\_\_  
 Deceased  Living  
Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened:  Yes  No

(4) Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
DOB: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Marital Status:  Married  Divorced  Widow(er)  Single  
Spouse(s) Name (s) \_\_\_\_\_  
 Deceased  Living  
Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Succession Opened:  Yes  No

If any of the above named children predeceased their parent, list their children or grandchildren and living spouse here (give details): \_\_\_\_\_  
\_\_\_\_\_

**ASSETS OF DECEASED**

List location, description, including serial numbers or VIN numbers, account numbers, and approximate value for each asset as of the deceased's date of death. Please attach copies of any documents.

(1) Home: \_\_\_\_\_  
Address \_\_\_\_\_  
Value \_\_\_\_\_  
(Attach a copy of the Property Description if you have it)

(2) Other \_\_\_\_\_  
Real Estate: \_\_\_\_\_  
Address \_\_\_\_\_  
Value \_\_\_\_\_  
(Attach a copy of the Property Description if you have it)

(3) Automobiles: \_\_\_\_\_  
VIN # \_\_\_\_\_  
Value \_\_\_\_\_

(4) Other Vehicles (boats, motors, trailers, campers, etc.): \_\_\_\_\_  
VIN # \_\_\_\_\_  
Value \_\_\_\_\_

(5) Furniture: \_\_\_\_\_  
Value \_\_\_\_\_

(6) Stock: \_\_\_\_\_  
Certificate # \_\_\_\_\_  
Name on \_\_\_\_\_  
Certificate \_\_\_\_\_  
Value \_\_\_\_\_

(7) Bonds: \_\_\_\_\_  
ID # \_\_\_\_\_

Owner Name \_\_\_\_\_  
Value \_\_\_\_\_

(8) Savings Acct: \_\_\_\_\_  
Last 4 digits of account number: \_\_\_\_\_  
Date of Death balance: \_\_\_\_\_

(9) Checking Acct: \_\_\_\_\_  
Last 4 digits of account number: \_\_\_\_\_  
Date of Death balance: \_\_\_\_\_

(10) Life Insurance:

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

(11) Annuities and Deferred Compensation Agreements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(12) Credit Unions and Thrift Funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(13) U.S. Savings Bonds and Debentures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(14) Business Interest (including small corporation stock and partnerships): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(15) Accounts receivable, rents receivable and unpaid salary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(16) Promissory Notes and Cash on Hand: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

(17) Firearms and tools: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(18) Antiques and art: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(19) Jewelry, stamp collections and coin collections: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(20) Livestock: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(21) Miscellaneous (any other items of property not listed above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEBTS OF DECEDENT**

(1) LOANS AND MORTGAGES: (Please list account numbers and lending institutions)

(a) Mortgage on Home and Real Estate:

Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_

(b) Loans on automobiles, boats, etc.

Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_

(c) Signature Loans at Bank or Other Savings Institutions:  
Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_

(d) Loans at Credit Union or Loan Company:  
Institution \_\_\_\_\_  
Account # \_\_\_\_\_  
Credit Life? \_\_\_\_\_

(2) DEBTS OF LAST ILLNESS:

(a) Doctor \_\_\_\_\_  
\_\_\_\_\_

(b) Dental \_\_\_\_\_  
\_\_\_\_\_

(c) Hospital \_\_\_\_\_  
\_\_\_\_\_

(d) Drug Store \_\_\_\_\_  
\_\_\_\_\_

(e) Nurses/sitters \_\_\_\_\_  
\_\_\_\_\_

(f) Misc. \_\_\_\_\_  
\_\_\_\_\_

(3) FUNERAL EXPENSES:

(a) Funeral Home \_\_\_\_\_  
\_\_\_\_\_

(b) Monument \_\_\_\_\_  
\_\_\_\_\_

(c) Mausoleum \_\_\_\_\_  
\_\_\_\_\_

(d) Cemetery \_\_\_\_\_  
\_\_\_\_\_



(e) Misc. \_\_\_\_\_  
\_\_\_\_\_

(4) MISCELLANEOUS DEBTS:

(a) Administration Expenses \_\_\_\_\_  
\_\_\_\_\_

(b) Current debts (including utilities, credit cards, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Misc. Debts  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Estimate of Gross Estate: \$ \_\_\_\_\_

Estimate of Gross Debt: \$ \_\_\_\_\_

Estimate of Net Estate: \$ \_\_\_\_\_

Name and Address  
of C.P.A or Accountant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was The Deceased the Trustee of Any Trust?  Yes  No

If yes, list names of Trust: \_\_\_\_\_  
\_\_\_\_\_

Did the Deceased have any other Fiduciary position (tutor/tutrix, executor, administrator, curator)?  Yes  No

If yes, list position: \_\_\_\_\_  
\_\_\_\_\_

Trusts Created by Deceased \_\_\_\_\_  
\_\_\_\_\_

Did the Deceased make any Donations, Transfers or Sales for any Inadequate Considerations within Three (3) Years Prior to Death?  Yes  No

If yes, list those transfers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List two people (who are not heirs to this succession) to sign and Affidavit of Death and Heirship attesting to marital status, # of children, place of death of decedent, etc. (Example: dear friend, cousin or in-law).

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

If Petitioner is other than spouse or child:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

SSN: \_\_\_\_\_

Were any Specific Gifts Made in the Will?  Yes  No

If yes, List Name, Address and Social Security Number of Beneficiary and a Description of Gift and Value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Relevant Item Concerning Persons Past, Business, Property, Etc. Which May Be of Importance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney Fee (Estimated) [For our use] \_\_\_\_\_

Court Costs (Estimated) [For our use] \_\_\_\_\_

Appraisals (if needed) [For our use] \_\_\_\_\_