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**CLIENT QUESTIONNAIRE - SUCCESSION**

DATE: \_\_\_\_\_

FULL NAME OF CLIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**PLEASE NOTE:** In order to give you the best advice and counsel, please give as much information as possible. Since everyone's situation is different, this questionnaire has been prepared to include information which may or may not be needed for your particular case. If you feel certain information is not pertinent, please feel free to omit. If you feel you need to give more information than is requested, please feel free to add in comment section at the end of this questionnaire.

NAME OF DECEASED: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

AGE AT TIME OF DEATH: \_\_\_\_\_ (please furnish death certificate if available)

DID DECEASED LEAVE A WILL? YES \_\_\_\_\_ NO \_\_\_\_\_ (if yes, please furnish original)

SURVIVING SPOUSE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

**CHILDREN BORN OF MARRIAGE:**

**NAME**

**ADDRESS**

**AGE**

**CHILDREN ADOPTED OF MARRIAGE:**

**NAME**

**ADDRESS**

**AGE**

**CHILDREN OF PREVIOUS MARRIAGES OR ADOPTIONS:**

**NAME**

**ADDRESS**

**AGE**

**ASSETS OF DECEASED**

1. **INVENTORY OF ASSETS:** Complete the value for each item listed below as of date of death and designate as separate ("S") or community ("C") property. Use total approximate dollar amounts only and do not describe in any detail, except for amounts listed under "OTHER".

**A. BANK ACCOUNTS (CHECKING AND SAVINGS):**

**NAME AND ADDRESS OF BANK**

**ACCOUNT NUMBER**

**BALANCE**

**B. CREDIT UNION ACCOUNTS OR OTHER SAVINGS ACCOUNTS:**

NAME AND ADDRESS OF BANK

ACCOUNT NUMBER

BALANCE

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**C. INTEREST IN ANY UNINCORPORATED BUSINESS:**

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**D. ANY PATENTS, COPYRIGHTS, TRADEMARKS, ART OBJECTS, PENSION, PROFIT SHARING, RETIREMENT PLANS, OR MINERAL RIGHTS?  
(DESCRIBE AND ESTIMATE VALUE)**

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**E. INTEREST IN ANY CLOSELY HELD INCORPORATED BUSINESS:**

COMPANY

SHARES/STOCK

APPROXIMATE

CERTIFICATE NUMBER

VALUE

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**F. ANNUITIES (Only list if the annuity(ies) did not have a designated beneficiary):**

COMPANY NAME & ADDRESS

ACCOUNT NUMBER

VALUE

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**G. IRAS AND PENSION PLANS (Only list if the IRA or Pension Plan did not have a designated beneficiary):**

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**H. BUSINESS ACCOUNTS RECEIVABLE:**

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**I. RENTS RECEIVABLE:**

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**J. NOTES RECEIVABLE:**

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**K. AUTOMOBILES / OTHER VEHICLES:**

<u>YEAR</u>	<u>MAKE/MODEL</u>	<u>VALUE</u>
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**L. ANTIQUES: (DESCRIPTION AND VALUE)**

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**M. JEWELRY: (DESCRIPTION AND VALUE)**

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**N. FURNITURE: (DESCRIPTION AND VALUE)**

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**O. COINS / ART COLLECTIONS: (DESCRIPTION AND VALUE)**

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**P. CLAIMS OR INTANGIBLES: (DESCRIPTION AND VALUE)**

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**Q. ESCROWS OR DEPOSITS: (DESCRIPTION AND VALUE)**

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**R. DEFERRED COMPENSATION AGREEMENTS: (DESCRIBE IN FULL)**

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**S. MISCELLANEOUS: (DESCRIBE IN FULL)**

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**T. WAS THE DECEASED THE BENEFICIARY OF ANY TRUST?  
IF SO, PLEASE DESCRIBE AND ATTACH A COPY:**

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**U. WAS THE DECEASED THE TRUSTEE OF ANY TRUST?  
IF SO, PLEASE DESCRIBE AND ATTACH A COPY:**

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**V. WAS THE DECEASED THE SETTLOR OF ANY TRUST?  
IF SO, PLEASE DESCRIBE AND ATTACH A COPY:**

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**2. LIFE INSURANCE (Only list if the Life Insurance Policy did not have a designated beneficiary):**

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**TYPE OF POLICY:** \_\_\_\_\_

**POLICY OWNER:** \_\_\_\_\_

**PRIMARY BENEFICIARY:** \_\_\_\_\_

**SECONDARY BENEFICIARY:** \_\_\_\_\_

**PRESENT CASH VALUE:** \_\_\_\_\_

**AGENT NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**3. REAL ESTATE**

<u>ADDRESS</u>	<u>ESTIMATED VALUE</u>	<u>MORTGAGE COMPANY</u>	<u>MORTGAGE BALANCE</u>
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**DID THE DECEASED OWN ANY REAL ESTATE IN OTHER STATES?** \_\_\_\_\_

(IF YES, PLEASE PROVIDE US WITH A COPY OF ALL DEEDS OR JUDGMENT OF POSSESSION BY WHICH THE DECEASED ACQUIRED ALL REAL ESTATE. THESE CAN BE OBTAINED FROM THE RECORDS OF THE CLERK OF COURT.)

**LIABILITIES OF DECEASED**

Complete the value for each item listed below as of date of death. Use total approximate dollar amounts only and do not describe in any detail, except for amounts listed under "Other".

**A. FUNERAL EXPENSES**  
COMPANY

AMOUNT PAID

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**B. MEDICAL EXPENSES**  
COMPANY

AMOUNT OWED OR PAID

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**C. CREDIT CARDS**  
COMPANY

CARD NUMBER

BALANCE

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**D. OTHER**  
**COMPANY/PERSON**

**TYPE OF DEBT**

**BALANCE**

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**4. COMMENTS:**

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