PROBATE WORKSHEET

Name of Deceased (Decedent): _____
(First, Middle, Maiden, Last)

Last Home Address of Decedent: _____

_____

How long did the deceased reside at above listed address:_____

Place of Death:_____

Decedent's Date of Birth:_____ Decedent's Date of Death: _____

Last four digits of Decedent's SSN:_____

Surviving Spouse

Name:_____
(First, Middle, Maiden, Last)

Address: _____

Home Telephone Number:_____ Cell Phone Number: _____

Last four digits of Spouse's SSN:_____ Date of Marriage: _____

Previous Marriage(s)

Name:_____ Date of Marriage: _____

_____ _____ _____
How ended? (Divorce or Death) Dated Ended Location

Name:_____ Date of Marriage: _____

_____ _____ _____
How ended? (Divorce or Death) Dated Ended Location

Name:_____ Date of Marriage: _____

_____ _____ _____
How ended? (Divorce or Death) Dated Ended Location

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Shreveport, Louisiana 71104
(318) 517-1983

Name:_____ Date of Marriage: _____

_____ _____ _____
How ended? (Divorce or Death) Dated Ended Location

IS THERE A WILL? Please circle Yes or No

Please provide me a copy of the <u>ORIGINAL WILL</u>

<u>EXECUTOR OR ADMININSTRATOR INFORMATION</u>

Name: _____
(First, Middle, Maiden, Last)

Address: _____

_____

Phone Number: _____ Email Address: _____

Last four digits of SSN: _____ Date of Birth: _____

Would you like the drafts emailed or mailed to you?
Please list the email address or address where drafts will be sent:

_____

_____

CHILDREN OF DECEASED AND ANY OTHER BENEFICIARIES:
For each person, please list their name, address, relationship to the deceased, date of birth, social security number and phone number. Please also list the names of and children that predeceased the decedent, listing their full name, date of birth and date of death. <u>All children must be listed even if they are not named beneficiaries.</u> Please also list if each child is adopted or disabled.

Name of Child/Beneficiary: _____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Parish/County:_____ SSN_____ Birthdate: _____

Telephone Number(s):_____

Email Address:_____

Relationship to Decedent:_____

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Adopted: Please Circle - Yes or No

If yes, please state the date of adoption:_____

Disabled: Please Circle- Yes or No

If yes, please state the nature of the disability:_____

Name of Child/Beneficiary: _____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Parish/County:_____ SSN_____ Birthdate:_____

Telephone Number(s):_____

Email Address:_____

Relationship to Decedent:_____

Adopted: Please Circle - Yes or No

If yes, please state the date of adoption:_____

Disabled: Please Circle- Yes or No

If yes, please state the nature of the disability:_____

Name of Child/Beneficiary: _____
(First, Middle, Maiden, and Last Name

Street Address:_____

City: _____ State: _____ ZIP Code: _____

Parish/County:_____ SSN_____ Birthdate: _____

Telephone Number(s):_____

Email Address:_____

Relationship to Decedent:_____

Adopted: Please Circle - Yes or No

If yes, please state the date of adoption:_____

Disabled: Please Circle- Yes or No

If yes, please state the nature of the disability:_____

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Name of Child/Beneficiary: _____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Parish/County:_____ SSN_____ Birthdate: _____

Telephone Number(s):_____

Email Address:_____

Relationship to Decedent:_____

Adopted: Please Circle - Yes or No

If yes, please state the date of adoption:_____

Disabled: Please Circle- Yes or No

If yes, please state the nature of the disability: _____

Name of Child/Beneficiary: _____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Parish/County:_____ SSN:_____ Birthdate:_____

Telephone Number(s):_____

Email Address:_____

Relationship to Decedent:_____

Adopted: Please Circle - Yes or No

If yes, please state the date of adoption:_____

Disabled: Please Circle- Yes or No

If yes, please state the nature of the disability:_____

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ASSETS

Real Estate (Home or other land) We will need a full property description of the property including the book and page number. The information for the tax assessor's office is not a full property description. A full property description can be found on a mortgage or a deed.

_____
_____
_____
_____
_____
_____
_____

Bank Accounts: (We will need the name of the bank, the type of account, name(s) of the owner of the account and the balance in the account of the decedent's date of death.)

_____
_____
_____
_____
_____
_____

Ownership in Businesses:
Does the decedent own or have an interest in any business or corporation:

_____
_____

Savings & Loan or Credit Union Accounts: (We will need the name of the bank, the type of account, name(s) of the owner of the account and the balance in the account of the decedent's date of death.)

_____
_____
_____
_____

Annutities: (only list is there is no beneficiary or if beneficiary is the estate)

_____
_____
_____

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U.S. Bonds:
(Please bring copies of all bonds, We will need serial numbers, dates of issuance, and values)

_____
_____
_____
_____

Other Bonds:

_____
_____
_____

Stocks:_____
_____
_____
_____

Accounts receiveable: _____
_____
_____

Notes receivable: _____
_____
_____

Oil/ Gas Wells: (Please list the location, parish/county, name of company and owner number)

_____
_____
_____
_____

Automobile, Trailers, Boats: We will need: the make, model, year, VIN number, and the value of the vehicle. (Please provide a copy of the registration or title.)

_____
_____
_____
_____
_____

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Furniture & Furnishings: (Please also give general value)

_____
_____
_____
_____

DEBTS

Mortgages on home, autos or other property: (Please list the name of the lienholder and the balance of the mortgage; also please specify if there is credit life insurance)

_____
_____
_____
_____

Other Loans or other institutions: (Please list the name of the institution and the balance on the loan)

_____
_____
_____
_____

Current Debt: (credit card, phone bill, electricity, utility bills and any other bills)

_____
_____
_____
_____
_____

Medical & other expenses of last illness:

_____
_____
_____
_____
_____

Funeral Expenses:

_____
_____
_____
_____

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Any other debts incurred prior to death:

_____
_____
_____
_____

Any other debts incurred after death on behalf of the decedent: Yes or No
If yes, please list below:

_____
_____
_____

Did the decedent make any donations a year prior to their death: Yes or No
If yes, please list below:

_____
_____

Trust created by decedent:

_____
_____

Do you want the Detailed Descriptive List (listing of assets and debts) to be sealed or hidden from the public record?_____

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