Kallio Law Firm LLC

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CONFIDENTIAL AND PROTECTED

ALL INFORMATION CONTAINED IN THIS DOCUMENT IS

SUBJECT TO ATTORNEY-CLIENT PRIVILEGE.

TRUST / SUCCESSION ADMINISTRATION WORKSHEET

IT IS YOUR RESPONSIBILITY TO PROVIDE THE INFORMATION NEEDED.

Please provide the information requested as thoroughly as possible. It is imperative that you provide accurate and complete information. In drafting your documents and/or preparing pleadings, the attorney will use the information you supply us with on this form. Remember, administration of the Trust or Succession Estate will be based on the information you provide us in writing on this form.

- Answer each section as completely as possible.
- Print legibly.
- Check all appropriate boxes, including N/A, Yes, and/or No boxes.
- Feel free to contact our office or consult with your financial advisor for assistance.

INSTRUCTIONS

General:	These instructions are designed to help you list all the property that the estate owns, how it is titled, its present value.
You & Your Beneficiaries:	Provide us with information about you, your children and anyone else included in the succession / probate. If there are children from a previous marriage, it is important that we have the full names of the parents of such child(ren). If there are special circumstance concerning the assets or beneficiaries, these should be noted on this form.
Assets:	Immediately after the heading for each group of assets is a brief explanation of what property you should list under that heading.

Owner: How assets are owned is extremely important for purposes of preparing for the administration process. For each property category, there is a column titled "Owner." When filling in this section, please specify if the property is the Decedent's Separate Property (SP), community property with the Decedent (CP), joint property with someone other than the surviving spouse (JO), owned by a trust (TP), owned by a business entity, such as a limited liability company or corporation (BP), or unknown (?).

Additionally, below the ownership designation column, please list **exactly how the names appear on the account or policy** that you own.

GENERAL INFORMATION

Client Full Name: _____ Last 4 of SSN: _____
(First) (Middle) (Maiden) (Suffix)

Address: _____ Parish: _____

Home #: _____ Cell #: _____ Other #: _____

Date of Birth: _____

Relationship to Decedent: _____

Please provide a copy of your driver's license.

Full Name of Deceased: _____
(First) (Middle) (Maiden) (Suffix)

SSN: _____ Date of Birth:_____

Last Home Address: _____

Parish: _____

Date of Death: _____ Place of Death: _____

Cause of death: _____

Please list any prior spouse's full names: Reason for end of marriage:

_____ Death Divorce

_____ Death Divorce

Is there a Will? □ Yes □ No If yes, where is it located?

_____

Full Name of Surviving Spouse: _____

(First) (Middle) (Maiden) (Suffix)

Address: _____ Parish: _____

SSN: _____ Date of Marriage: _____

CHILDREN/NEXT OF KIN:

Full Name: _____ Male Female

(First) (Middle) (Maiden) (Suffix)

Address:_____ Parish/County:_____

Telephone:_____ SSN:_XXX-XX-_____ DOB:_____

Spouse's Name: _____

Special Needs/Considerations/Comments:_____ Deceased Disabled

Relationship to Deceased: _____

Full Name of Other Parent (if a child of the Deceased):_____

Full Name: _____ Male Female

(First) (Middle) (Maiden) (Suffix)

Address:_____ Parish/County:_____

Telephone:_____ SSN:_XXX-XX-_____ DOB:_____

Spouse's Name: _____

Special Needs/Considerations/Comments:_____ Deceased Disabled

Relationship to Deceased: _____

Full Name of Other Parent (if a child of the Deceased): _____

Full Name: _____ Male Female

(First) (Middle) (Maiden) (Suffix)

Address:_____ Parish/County:_____

Telephone:_____ SSN:_XXX-XX-_____ DOB:_____

Spouse's Name: _____

Special Needs/Considerations/Comments:_____ Deceased Disabled

Relationship to Deceased: _____

Full Name of Other Parent (if a child of the Deceased): _____

Full Name: _____ Male Female

(First) (Middle) (Maiden) (Suffix)

Address:_____ Parish/County:_____

Telephone:_____ SSN:_XXX-XX-_____ DOB:_____

Spouse's Name: _____

Special Needs/Considerations/Comments:_____ Deceased Disabled

Relationship to Deceased: _____

Full Name of Other Parent (if a child of the Deceased):_____

CASH ACCOUNTS N/A

Type: Checking Accounts ("CA"); Savings Accounts ("SA"); Certificates of Deposit ("CD"); Money Market Accounts ("MM"); Cash Management Accounts ("CM"); and Safe Deposit Box(es) ("Box")

If you have no Cash Accounts, please mark this section as non-applicable. For each Cash Account, please provide the following information:

Bank/Credit Union:_____ Account Type:_____

Account Number:_____ Account Owner:_____

Name(s) as they appear on account:_____

Other Individual(s) named on the account if any:_____ Balance: _____

Bank/Credit Union:_____ Account Type:_____

Account Number:_____ Account Owner:_____

Name(s) as they appear on account:_____

Other Individual(s) named on the account if any:_____ Balance: _____

Bank/Credit Union:_____ Account Type:_____
Account Number:_____ Account Owner:_____
Name(s) as they appear on account:_____
Other Individual(s) named on the account if any:_____ Balance: _____

Bank/Credit Union:_____ Account Type:_____
Account Number:_____ Account Owner:_____
Name(s) as they appear on account:_____
Other Individual(s) named on the account if any:_____ Balance: _____

Bank/Credit Union:_____ Account Type:_____
Account Number:_____ Account Owner:_____
Name(s) as they appear on account:_____
Other Individual(s) named on the account if any:_____ Balance: _____

Bank/Credit Union:_____ Account Type:_____
Account Number:_____ Account Owner:_____
Name(s) as they appear on account:_____
Other Individual(s) named on the account if any:_____ Balance: _____

BROKER-HELD INVESTMENT ACCOUNT N/A

(Not IRA/Retirement Accounts)
Type: Investment Accounts ("I"); and Money Fund Accounts ("MF")
If you have no Broker-Held Investment Accounts, please mark this section as non-applicable.
For each Broker-Held Investment Account, please provide the following Information:

Brokerage Firm:_____ Name of Broker:_____
Account Type:_____ Account #:_____ Account Owner:_____
Name(s) as they appear on account:_____ Balance: _____

Brokerage Firm:_____ Name of Broker:_____
Account Type:_____ Account #:_____ Account Owner:_____
Name(s) as they appear on account:_____ Balance: _____

Brokerage Firm:_____ Name of Broker:_____
Account Type:_____ Account #:_____ Account Owner:_____
Name(s) as they appear on account:_____ Balance: _____

RETIREMENT PLANS N/A

Type: Profit Sharing ("PS"); H.R. 10; IRA; SEP; 401(k), Roth IRA, 403(b) ***If you have no Retirement Plan(s), please mark this section as non-applicable.***
For each Retirement Plan, Please Provide the following information:

Company Name:_____ Plan Type:_____
Account #:_____ Plan Owner:_____ Beneficiary:_____
Name(s) as they appear on account:_____ Balance: _____

Company Name:_____ Plan Type:_____
Account #:_____ Plan Owner:_____ Beneficiary:_____
Name(s) as they appear on account:_____ Balance: _____

Company Name:_____ Plan Type:_____
Account #:_____ Plan Owner:_____ Beneficiary:_____
Name(s) as they appear on account:_____ Balance: _____

Company Name:_____ Plan Type:_____
Account #:_____ Plan Owner:_____ Beneficiary:_____
Name(s) as they appear on account:_____ Balance: _____

STOCKS/COMPUTERSHARE N/A

Type: Stock in publicly-owned corporations that you hold (not stocks in private or family owned businesses)
If you have no Stocks/Computershare, please mark this section as non-applicable. For each Stock/Computershare, please provide the following information:

Stock/Computershare Name:_____ Owner:_____
Certificate Number:_____ Cusip Number:_____
Name(s) as they appear on account:_____ Fair Market Value: _____

Stock/Computershare Name:_____ Owner:_____
Certificate Number:_____ Cusip Number:_____
Name(s) as they appear on account:_____ Fair Market Value: _____

Stock/Computershare Name:_____ Owner:_____
Certificate Number:_____ Cusip Number:_____
Name(s) as they appear on account:_____ Fair Market Value: _____

BONDS N/A

Type: U.S. Savings Bonds, Treasury Bonds, corporate bonds, municipal bonds, etc.
If you have no Bonds, please mark this section as non-applicable. For each Bond, please provide the following information:

Bond Type:_____ Bond Number:_____
Name(s) as they appear on bond:_____ Fair Market Value:_____
Owner:_____ Co-Owner:_____

Bond Type:_____ Bond Number:_____
Name(s) as they appear on bond:_____ Fair Market Value:_____

Owner:_____ Co-Owner:_____

Bond Type:_____ Bond Number:_____
Name(s) as they appear on bond:_____ Fair Market Value:_____
Owner:_____ Co-Owner:_____

IF YOU OWN U.S. SAVINGS BONDS AND HAVE A DETAILED LIST,

PLEASE ATTACH OR BRING IT WITH YOU TO YOUR INITIAL MEETING.

LIFE INSURANCE N/A

Please list the Policy Type: Term, Whole Life, Split Dollar, Group Term Life, Universal Life
If you have no Life Insurance, please mark this section as non-applicable. For each Life Insurance policy, please provide the following information:

Company Name:_____ Policy Type:_____
Policy Number:_____ Insured:_____ Cash Value: Y/N?
Owner:_____ Beneficiary:_____
Name(s) as they appear on the policy:_____
Death Benefit: _____ Cash Surrender Value: _____

Company Name:_____ Policy Type:_____
Policy Number:_____ Insured:_____ Cash Value: Y/N?
Owner:_____ Beneficiary:_____
Name(s) as they appear on the policy:_____
Death Benefit: _____ Cash Surrender Value: _____

Company Name:_____ Policy Type:_____
Policy Number:_____ Insured:_____ Cash Value: Y/N?
Owner:_____ Beneficiary:_____

Name(s) as they appear on the policy:_____

Death Benefit: _____ Cash Surrender Value: _____

Company Name:_____ Policy Type:_____

Policy Number:_____ Insured:_____ Cash Value: Y/N?

Owner:_____ Beneficiary:_____

Name(s) as they appear on the policy:_____

Death Benefit: _____ Cash Surrender Value:_____

ANNUITIES N/A

If you have no Annuities, please mark this section as non-applicable. For each Annuity, please provide the following information:

Company Name:_____ Is it Qualified or Non-Qualified ?

Policy Number:_____ Policy Owner:_____ Beneficiary:_____

Name(s) as they appear on the policy:_____

Death Benefit: _____ Cash Surrender Value: _____

Company Name:_____ Is it Qualified or Non-Qualified ?

Policy Number:_____ Policy Owner:_____ Beneficiary:_____

Name(s) as they appear on the policy:_____

Death Benefit: _____ Cash Surrender Value:_____

Company Name:_____ Is it Qualified or Non-Qualified ?

Policy Number:_____ Policy Owner:_____ Beneficiary:_____

Name(s) as they appear on the policy:_____

Death Benefit: _____ Cash Surrender Value:_____

REAL ESTATE N/A

Type: Land; Buildings; Homes. This section does not include any Real Estate you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else; property interests held in partnership with another should be listed in the "Partnership Interest" section.

If you have no Real Estate, please mark this section as non-applicable.

For each property, please provide the following information as well as the <u>property deed.</u>
This can be a cash sale, act of donation, judgment of possession, etc.:

Property Street Address:_____

Property Mailing Address:_____

Parish/County Property is located:_____ Owner(s) if Property:_____

Percent of Property Owned:_____ Fair Market Value:_____

Insurance Agency: _____ Insurance Agent:_____

Mortgage holder:_____ Loan Balance:_____

Date of mortgage: _____

Primary Residence Second Home Camp Rental Property Business Property Land

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Property Street Address:_____

Property Mailing Address:_____

Parish/County Property is located:_____ Owner(s) if Property:_____

Percent of Property Owned:_____ Fair Market Value:_____

Insurance Agency: _____ Insurance Agent:_____

Mortgage holder:_____ Loan Balance:_____

Date of mortgage: _____

Primary Residence Second Home Camp Rental Property Business Property Land

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Property Street Address:_____

Property Mailing Address:_____

Parish/County Property is located:_____ Owner(s) if Property:_____

Percent of Property Owned:_____ Fair Market Value:_____

Insurance Agency: _____ Insurance Agent:_____

Mortgage holder:_____ Loan Balance:_____

Date of mortgage: _____

Primary Residence Second Home Camp Rental Property Business Property Land

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VEHICLES N/A

Type: Automobiles; Travel Trailers; Motorhomes; Utility Trailers; Watercraft; etc.
If you have no Vehicles, mare this section as non-applicable. For each Vehicle, please provide the following information:

Make: _____ Model: _____ Year:_____
Owner: _____
Fair Market Value: _____ VIN/Serial Number: _____
Lien holder:_____ Loan Balance:_____
Date of purchase: _____

Make: _____ Model: _____ Year:_____
Owner: _____
Fair Market Value: _____ VIN/Serial Number: _____
Lien holder:_____ Loan Balance:_____
Date of purchase: _____

Make: _____ Model: _____ Year:_____
Owner: _____
Fair Market Value: _____ VIN/Serial Number: _____
Lien holder:_____ Loan Balance:_____
Date of purchase: _____

FARM AND RANCH INTERESTS N/A

Type: Livestock; Machinery; Farm Equipment; Tractors; Leases; etc.
If you have no Farm and Ranch Interest, please mark this section as non-applicable. For each Farm and Ranch Interest, please provide the following information:

Type:_____ Owner:_____
Fair Market Value:_____ Physical Description:_____
Location of Item(s):_____

Type:_____ Owner:_____
Fair Market Value:_____ Physical Description:_____

Location of Item(s):_____

CORPORATE BUSINESS INTEREST N/A

Type: Privately-owned stock (non-publicly traded).
If you have no Corporate Business Interest, please mark this section as non-applicable.
For each Corporate Business Interest, please provide the following information:

Name of Company:_____ Owner:_____
Company Address:_____ Telephone:_____
Number of Shares:_____ Percentage of Ownership:_____ Value:_____
Is there a Buy/Sell Agreement? Yes No Is this an "S" Corporation? Yes No Is this a Medical, Legal, or other Professional Corporation? Yes No

PARTNERSHIP AND/OR LLC INTERESTS N/A

Type: General and Limited Partnerships. Please show the percentage interest you have as a partner.
If you have no Corporate Business Interest, please mark this section as non-applicable.
For each Partnership and/or LLC Interest, please provide the following information:

Name of Partnership:_____ Owners:_____
Partnership Address:_____ Telephone:_____
Entity Type: General Partnership Limited Partnership Limited Liability Company
If the entity is a Partnership, is this a Professional Partnership? Yes No
Who holds Partnership Papers?_____ Value:_____

SOLE PROPRIETORSHIPS N/A

Type: All assets used by you in a sole proprietorship type of business ownership.
If you have no Real Estate, please mark this section as non-applicable. For each Sole Proprietorship, please provide the following information:

Name of Business:_____ Owner:_____
Business Address:_____ Telephone:_____

Business Description:_____ Value:_____

Is this a Professional Business? Yes No Does the business own property? Yes No

MORTGAGES, NOTES, AND OTHER RECEIVABLES N/A

Type: Mortgages or Promissory Notes payable to you; monies owed to you.

If you have no Mortgages, Notes, or Other Receivables due to you, please mark this section as non-applicable.

For all Mortgages, Notes, and Other Receivables due to you, please provide the following information:

Name of Debtor:_____ Is this a Business Debt or a Personal Debt?

Debtor Address:_____ Debtor Telephone:_____

To whom is the debt owed:_____

Date Debt Incurred:_____ Date Payable or Payment Schedule:_____

Original Amount: $_____ Current Amount: $_____ Promissory Note: Yes No

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT N/A

Type: Gift or inheritance you expect to receive in the future; monies you anticipate receiving through a judgment or settlement of a lawsuit.

If you have no Anticipated Inheritance, Gift, or Lawsuit Judgment, please mark this section as non-applicable.

For all Anticipated Inheritance, Gifts, or Lawsuit Judgment, please provide the following information:

Type:_____ From whom?_____

Detailed Description:_____

Anticipated Value: $_____ Is this a Fair Market Value or an Appraisal Quote?

Attorney (and Firm):_____ Attorney Telephone:_____

Attorney Address:_____

OTHER NOTES AND LOANS N/A

Type: Personal loans, lines of credit, credit cards, Promissory Notes or other debts not previously disclosed payable by you; monies you owe.

If you have no Notes or loans you owe, please mark this section as non-applicable.

For all Notes and Other accounts payable by you, please provide the following information:

Name of Creditor:_____ Is this a Business Debt or a Personal Debt?
Creditor Address:_____ Telephone:_____
Type of debt owed:_____
Date Debt Incurred:_____ Date Payable or Payment Schedule:_____
Original Amount: $_____ Current Amount: $_____ Promissory Note: Yes No

Name of Creditor:_____ Is this a Business Debt or a Personal Debt?
Creditor Address:_____ Telephone:_____
Type of debt owed:_____
Date Debt Incurred:_____ Date Payable or Payment Schedule:_____
Original Amount: $_____ Current Amount: $_____ Promissory Note: Yes No

Name of Creditor:_____ Is this a Business Debt or a Personal Debt?
Creditor Address:_____ Telephone:_____
Type of debt owed:_____
Date Debt Incurred:_____ Date Payable or Payment Schedule:_____
Original Amount: $_____ Current Amount: $_____ Promissory Note: Yes No

Name of Creditor:_____ Is this a Business Debt or a Personal Debt?
Creditor Address:_____ Telephone:_____
Type of debt owed:_____
Date Debt Incurred:_____ Date Payable or Payment Schedule:_____
Original Amount: $_____ Current Amount: $_____ Promissory Note: Yes No

Name of Creditor:_____ Is this a Business Debt or a Personal Debt?
Creditor Address:_____ Telephone:_____
Type of debt owed:_____
Date Debt Incurred:_____ Date Payable or Payment Schedule:_____
Original Amount: $_____ Current Amount: $_____ Promissory Note: Yes No

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AFFIANTS

Our office will need need two individuals who knew the decedent and are willing and able to sign a prepared affidavit concerning the decedent's death domicile, and heirs.

Affiant 1 Full Name: _____
(First) (Middle) (Maiden) (Suffix)

Address: _____ Parish: _____

Home #: _____ Cell #: _____ Other #: _____

Relationship to Decedent: _____

Affiant 2 Full Name: _____
(First) (Middle) (Maiden) (Suffix)

Address: _____ Parish: _____

Home #: _____ Cell #: _____ Other #: _____

Relationship to Decedent: _____

Please sign below and return the completed form to our office with as much documentation as you have.

I understand that it is my responsibility to disclose correct and complete information about all of my assets owned by the Decedent or held in Trust, and that omission of any assets could impede proper Succession or Trust Administration. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes that might affect proper administration of the Succession or Trust must be reported as soon possible.

SIGN: _____ DATE: _____

Print Name: _____

Please ensure that you have not left any questions blank.

Return the completed Trust / Probate Administration Worksheet to Kallio Law Firm, LLC for our review.

Thank you.