FILE NO.	
FILE NO.	
TILL NO.	

SUCCESSION WORKSHEET

Decedent:					
Date of Death:		SSN:	SSN:		
Address:		_ Contact:	Contact:		
		_ Phone:	Phone:		
		L			
Spouse(s):		Most recent sp	Most recent spouse (*):		
1		SSN:	SSN:		
2		D/O/B:			
3					
Children:					
<u>Name</u>	<u>Age</u>	<u>SSN</u>	Parent(s)		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Circle one: Testate	Intesta	ate			
Notary:		Witnesses:			
Date of Will:					
DDH Affidavit(s) To Be Signed	By:	1.			
		2.			
All Other Affidavits To Be Sign	ed By:				

FILE NO.	
LILL INC.	

ASSETS AND LIABILITIES

COMMUNITY PROPERTY ASSETS

Real Estate.	value at Decedent's Death.
Securities (Stock, Bonds):	Value at Decedent's Death:
Mortgages, Notes and Cash:	Value at Decedent's Death:
Miscellaneous: (Household furnishings, vehicles, collections)	Value at Decedent's Death:
(Trouseriola furnishings, venicles, conections)	
SEPARATE PROP	PERTY ASSETS
Real Estate:	Value at Decedent's Death:
Securities (Stock, Bonds):	Value at Decedent's Death:

	FILE NO.	
Mortgages, Notes and Cash:	Value at Decedent's Death:	
Miscellaneous: (Household furnishings, vehicles, collections)	Value at Decedent's Death:	
LIABILITIES Funeral Expenses:	Amount:	
Administrative Expenses: (attorney's fees/court costs)	Amount:	
Mortgages:	Amount:	
Miscellaneous (credit cards, etc.):	Amount:	
Notes:		