



**EXECUTOR**  
(Ohio resident preferred)

Initial \_\_\_\_\_ alternate \_\_\_\_\_

Preferred Bank \_\_\_\_\_

Attorney \_\_\_\_\_

**GUARDIAN FOR MINOR CHILDREN**

**Name/Address**

Initial: \_\_\_\_\_

Alternate: \_\_\_\_\_

**TRUSTEE**

Initial \_\_\_\_\_

Alternate \_\_\_\_\_

Preferred Corporate \_\_\_\_\_

**TRUST ADVISOR**

Initial \_\_\_\_\_

Alternate \_\_\_\_\_

**DURABLE FINANCIAL POWERS OF ATTORNEY (GENERAL):** *[Please use full legal name]*

1. Initial \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number (home/cell) \_\_\_\_\_

Address \_\_\_\_\_

2. Alternate \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number (home/cell) \_\_\_\_\_

Address \_\_\_\_\_

3. Second  
Alternate \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number (home/cell) \_\_\_\_\_

Address \_\_\_\_\_

Special Powers (if any): \_\_\_\_\_

\_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE and LIVING WILL:**

*[Please use full legal name]*

1. Initial \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number (home/cell) \_\_\_\_\_  
Address \_\_\_\_\_
2. Alternate \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number (home/cell) \_\_\_\_\_  
Address \_\_\_\_\_
3. Second  
Alternate \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number (home/cell) \_\_\_\_\_  
3 \_\_\_\_\_  
Address \_\_\_\_\_

**Real Estate:**

	<u>Location</u>	<u>Approx. Value</u>	<u>Mrtg./Ownership</u>
Residence:	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____

**Prepared By:**

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***Board Certified by the Ohio State Bar Association***

*in Estate Planning, Trust and Probate Law*