ESTATE PLANNING INFORMATION

ast name	First name	M.I.	S.S. Number	Date of birth
treet address	City	S	tate	Zip Code
ounty		Hon	ne Phone	/ (work/cell)
hildren: [Pleas	e use full legal nam	me]		
. Name	Phone Num	mber (home/	cell)	(DOB)
Address				
Name	Phone Num	nber (home/	cell)	(DOB)
Address				
Name	Phone Num	ber (home/	cell)	(DOB)
Address	Dla aug Manu	-1/1/	11	(DOD)
Name Address	Phone Num	nber (home/		(DOB)
	DISTRI	IBUTION O	F ESTATE	
children equall	y, or issue per stirpe	es? <u> </u>	28	No
f no, explain dis	tribution:			
'.C.'	Devises:			

EXECUTOR (Ohio resident preferred)

IILDREN
). fo.
<u>)</u> :[Please use full legal name]
Phone Number (home/cell)
Phone Number (home/cell)
Phone Number (home/cell)
Phone Number (home/cell)

DURABLE POWER OF ATTORNEY FOR HEALTH CARE and LIVING WILL:

[P1	ease 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	e Name/Relationship		Phone Number	(home/cell)
3		name/neraeronship		Thore Namber	(Home, Gell)
		Address			
Re	al Estat	<u>:e</u> :			
		Location	Approx. Value	Mrtg./Ownership	
Res	sidence:				
Otł	ner:		<u> </u>	,	

Prepared By:

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in Estate Planning, Trust and Probate Law