## **ESTATE PLANNING INFORMATION**

[Please use full le	gal name]					
Last name	First name	M.I.	S.S. Number	Date of birth		
Last name (spouse)	First name	M.I.	S.S. Number	Date of birth		
Street address	City		State	Zip Code		
County		Home I	Home Phone Number			
		Cell	(husband)	Cell (wife)		
Children: [Please use	e full legal name]					
1	Phor	ne Number		(DOB)		
Address						
2Name	Phor	ıe Number		(DOB)		
Address						
Name	Phor	ie Number		(DOB)		
Address						
Name	Phor	ne Number		(DOB)		
Address						
	DISTRIE		F ESTATE			
To Spouse, then to ch	nildren equally, or :	issue per	stirpes? $_{\text{Yes}}$	No		
If no, explain distr:	ibution:					
Specific Bequests/Dev	vises:					

Hus	band –	initial	<b>.</b>	,		
Wif	e -					
Pre	ferred E					
			JARDIAN FOR			
Ini	tial:					
			TR	<u>JSTEE</u>		
Ini	tial					
Alt	ernate _					
Pre	ferred (	Corporate				
			<u>TRUST</u>	ADVISOR		
Ini	tial					
Alt	ernate _					
DURABLE	E FINAN	CIAL POWERS	OF ATTORNE	Y (GENERAL	<u>)</u> :[Please use	e full legal name
Husband:						
1. Initia		Relationship				Phone Number
	Addre	255				
2. Alterna		Relationship				Phone Number
3. Second Alterna		255				
		Relationship				Phone Number

EXECUTOR (Ohio resident preferred)

Address

## Wife:

Initial			
	Name/Relationship	Phone	Number
	Address		
Alternate	Name (Belationship	Dhono	Numbor
	Name/Relationship	PHONE	Nulliper
Second	Address		
Alternate	Name/Relationship	Phone	Number
		1 110110	Transet
	Address		
Specia	al Powers (if any):		
IRARI F P	OWER OF ATTORNEY FOR HEALTH CARE and LIVING WILL		
ease use	full legal name]		
<b>sband:</b> Initial			
	Name/Relationship	Phone	Number
	Address		
Alternate			
	Name/Relationship	Phone	Number
	Address		
Second			
Alternate	Name/Relationship	Phone	Number
	Address		
·			
Initial	Name/Relationship	Phone	Number
	Name, Nerderonomp	1 Home	Walloci
	Address		
Alternate		Phone	Number
	Address		
Second Alternate			
	Name/Relationship	Phone	Number
	Address		
	Alternate Second Alternate Specia <b>IRABLE P</b> ease use <b>sband:</b> Initial Alternate Second Alternate E: Initial Alternate	Name/Relationship     Address     Alternate     Name/Relationship     Address     Second     Alternate     Name/Relationship     Address     Special Powers (if any):	Name/Relationship Phone   Address Alternate   Name/Relationship Phone   Address Address   Second Address   Special Powers (if any): Phone   Initial Name/Relationship Phone   Address Special Powers (if any): Phone   Initial Name/Relationship Phone   Address Address Phone   Address Recond Address   Second Address Phone   Address Address Phone   Address Address Phone   Address Phone Address   Second Address Phone   Address Address Phone   Address Second Phone

## MEDICAL TREATMENT AUTHORIZATION (for minor children)

[Please use	full legal name]					
Custodians	Name/Relationship				Phone	Number
	Address					
	Name/Relationship				Phone	Number
	Address					
		Health Insurance I	nform	nation		
Company:						
ID No:		Group	No:			
Group Name	2:					
<u>Real Estate</u> :						
	Location	Approx. Value		Mrtg./Ownership		
Residence:			_			
Other:			_			

Prepared By:

JAMES B. DIETZ, ESQ. FRIEDMAN & RUMMELL CO., L.P.A. 3801 Starrs Centre Drive Canfield, OH 44406 (330) 744-4137 - Fax (330) 744-9962 e-mail: jdietz@fandrlaw.com

Certified Specialist by the Ohio State Bar Association in Estate Planning, Trust and Probate Law