

**ESTATE PLANNING INFORMATION**

[Please use full legal 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 Phone Number

\_\_\_\_\_  
Cell (husband)                      /                      Cell (wife)

**Children:** [Please use full legal name]

1. \_\_\_\_\_  
Name                      Phone Number                      (DOB)

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name                      Phone Number                      (DOB)

\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name                      Phone Number                      (DOB)

\_\_\_\_\_  
Address

4. \_\_\_\_\_  
Name                      Phone Number                      (DOB)

\_\_\_\_\_  
Address

**DISTRIBUTION OF ESTATE**

To Spouse, then to children equally, or issue per stirpes?                                                                      
Yes                      No

If no, explain distribution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Bequests/Devises: \_\_\_\_\_  
\_\_\_\_\_



**Wife:**

1. Initial \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

2. Alternate \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

3. Second  
Alternate \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

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

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

*[Please use full legal name]*

**Husband:**

1. Initial \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

2. Alternate \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

3. Second  
Alternate \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

**Wife:**

1. Initial \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

2. Alternate \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

3. Second  
Alternate \_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

**MEDICAL TREATMENT AUTHORIZATION (for minor children)**

[Please use full legal name]

Custodians

\_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name/Relationship Phone Number

\_\_\_\_\_  
Address

**Health Insurance Information**

Company: \_\_\_\_\_

ID No: \_\_\_\_\_ Group No: \_\_\_\_\_

Group Name: \_\_\_\_\_

**Real Estate:**

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

Prepared By:

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