

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) :

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): _____

LIVING WILL:

Notice to:

1. Initial _____
Name/Relationship _____ Phone Number _____
Address _____
2. Alternate _____
Name/Relationship _____ Phone Number _____
Address _____
3. Second
Alternate _____
Name/Relationship _____ Phone Number _____
Address _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE:

1. Initial _____
Name/Relationship _____ Phone Number _____
Address _____
2. Alternate _____
Name/Relationship _____ Phone Number _____
Address _____
3. Second
Alternate _____
Name/Relationship _____ Phone Number _____
Address _____

Real Estate:

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

Life Insurance/Annuities/IRA:

<u>Institution</u>	<u>Type</u>	<u>Face value</u>	<u>Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prepared By:

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