

- M. Business Agreements _____
- N. Income Tax Returns _____
- O. Gift Tax Returns _____
- P. Other _____

II. PROFESSIONALS

A. Attorney:

Name of Attorney: Douglas A. Fendrick, Esquire
Name of Law Firm: Law Offices of Douglas A. Fendrick, P.C.
Address of Law Firm: 1998 Springdale Road, Suite 102
Cherry Hill, New Jersey 08003

Telephone Number: (856) 489-8388

B. Accountant:

Name of Accountant _____

Name of Accounting Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

C. Stockbroker:

Name of Stockbroker _____

Name of Brokerage Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

D. Trust Officer:

Name of Trust Officer _____

Name of Bank or Trust Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

E. Insurance Broker:

Name of Insurance Representative _____

Name of Insurance Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

F. Pension Administrator:

Name of Contact Person _____

Name of Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

G. Other:

Name of Contact Person _____

Name of Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

III. FUNERAL ARRANGEMENTS

A. Proposed Clergy:

Name of Proposed Clergy _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

B. Burial: Yes _____ No _____ **Cremation:** Yes _____ No _____

C. Proposed Funeral Director:

Name of Proposed Funeral Director _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

D. Proposed Cemetery:

Name of Proposed Cemetery _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

E. In lieu of flowers, send contributions to:

Name of Charity _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

F. **Other:**

IV. INTENTIONS FOR BENEFICIARIES

V. PERSONS TO NOTIFY IF SERIOUSLY ILL, DISABLED OR UPON MY DEATH

A. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

B. Name of Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

C. Name of Person _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____

D. Name of Person _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____

E. Name of Person _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____

F. Name of Person _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____