## **ESTATE NOTICE**

Please print clearly or type and fill out all required fields marked with an asterisk (\*). The Post-Gazette cannot be responsible for errors resulting from unclear or incomplete information.

ACCOUNT INFORMATION	Account Number (If one already exists with the Post-Gazette) If you do not have a pre-established account number with the Post-Gazette, fields marked with an asterisk(*) are required.		
	Name*	State*	Zip*
	Address*	Phone*	
	City*	Email	
	Please publish th	e following notice. (3 insertions)	
AD INFORMATION	Estate of* (Last name of deceased)	(First name of deceased)	( <u>M.l.)</u>
	deceased, of*(City or town of deceased)	,, No.*(Prohate #)	of 20*
	(City or town or deceased)	(State) (Flobate #)	
			○ Extr./ ○ Extrx. (Check One)
	(Street address)	' (City)	(Ctata) (Zin)
	or to		
	01.00		
	(Street address)		(Suite/Apt.)
	(City)	(State)	' (Zip)