



"Making Practice Transitions Painless"

5071 Forest Drive, Suite A • New Albany, Ohio 43054
1.800.735.5336 • info@practiceimpact.com
www.practiceimpact.com
Fax 614.939.4705

LETTER OF DIRECTION

To: My Family, Attorney, Agent under a Power of Attorney, Trustee or
Executor (hereinafter referred to as my "Representative")

From: _____

Re: Directions to Sell My Dental Practice Upon My Death or Disability

It is important that you realize that in the event of my death or incapacity, my dental practice would experience an immediate and rapid decline in value, by reason of my absence. In the event of my death or incapacity, the immediate sale of my dental practice would preserve the greatest possible amount of this valuable asset for me, my family, or my heirs. These directions are intended to authorize my Representative to proceed with such a sale immediately, under these circumstances.

I have consulted with Mr. Paul J. Hudanick of Practice Impact, (5071 Forest Dr, New Albany, Ohio, 43054 [614] 855-2500) for representation in the event a sale becomes necessary under these circumstances. My Representatives are hereby authorized and directed to employ Practice Impact, to appraise and sell my practice under these circumstances, to execute the necessary listing agreement, and to proceed as quickly as possible with a sale under these circumstances. In the event I am living but incapacitated, this Letter of Direction shall be considered my legal authorization to proceed in this fashion. In the event of my death, the Ohio Probate Act provides that, before court appointment of an executor, the executor named in my Will may proceed to take such action as is necessary to preserve my estate. Immediate sale of my practice, including execution of the necessary listing agreement and other legal instruments, shall be considered action necessary for the preservation of my estate, in the event of my death.

Dated this ____ day of _____, 20____.

Signed: _____ Print Name: _____

Witness: _____

Witness: _____