

**WILL INTAKE FORM**

**MANGANO LAW OFFICES CO., LPA**

**PLEASE READ.** Except for specific bequests (see below), your entire estate will go to your spouse, or to your children, if your spouse predeceases you under this simple will. If you are interested in this arrangement, then please complete this form. If you are not interested in this arrangement, then STOP and contact Mangano Law Offices at (216) 397-5844 for additional services. If you want to finalize your Will at Local 423's Will Clinic, please return this form prior to the Will Clinic. You may fill out this form at the Will Clinic, but your Will may not be completed until later. The date of the Will Clinic will be announced soon.

**PLEASE ANSWER ALL QUESTIONS**

**1. Member Information**

- a. Full Name \_\_\_\_\_
- b. Address \_\_\_\_\_
- c. Phone No. \_\_\_\_\_ Cell Number \_\_\_\_\_
- d. Marital status Married \_\_\_\_\_ Single \_\_\_\_\_

**2. Spouse's Information**

- a. Full Name \_\_\_\_\_
- b. Address Same as above \_\_\_\_\_ Other \_\_\_\_\_

\*\*If you are not married, please list beneficiary(ies) \_\_\_\_\_  
\_\_\_\_\_

**3. Marital Information**

- a. Have you ever divorced? Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Dependents**

- a. Names \_\_\_\_\_
- b. Ages \_\_\_\_\_
- c. If your children are minors, please state the name and address of the individual(s) you would like to recommend for guardianship. \_\_\_\_\_
- d. If one of your children or beneficiary (ies) predeceases you, do you want his or her share of your estate to go to your other children/beneficiary \_\_\_\_\_ or to her children \_\_\_\_\_?

**5. Other Wills**

Do you currently have a will? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please bring a copy to the Will Clinic.

**6. Specific Bequests**

Do you want to make any specific bequests? (Example: I bequest my wedding ring to my niece, Sally Jones.)

Item	Full Name of Person
_____	_____
_____	_____

Name \_\_\_\_\_

**7. Disinherit**

Do you want to exclude any individuals from your will? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes,  
State Full Name of Person(s)\_\_\_\_\_

Do you want to disinherit an individual if he or she contests the will? Yes\_\_\_\_\_ No\_\_\_\_\_

**8. Executor**

Who do you want to administer your will? In most cases, this will be your spouse. If Spouse check here\_\_\_\_\_. If other person(s), state the full name and address of person below:

\_\_\_\_\_

\*\*Please provide name and address of Alternate Executor:

\_\_\_\_\_

**9. Burial Requests**

Do you have any special requests for your funeral or burial?

Specific Cemetary\_\_\_\_\_

Specific Directions for Funeral\_\_\_\_\_

Cremation Yes\_\_\_\_\_ No\_\_\_\_\_

**10. Living Will/Durable Healthcare Power of Attorney for \$150.00**

Are you interested in a Living Will or Durable Healthcare Power of Attorney for \$150.00?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, then please state the name, address and telephone number of the person you would like to name as your Power of Attorney (person who will make health decision on your behalf)\_\_\_\_\_

Please indicate name, address and telephone number of Alternate Power of Attorney:

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ:** Living Wills and Power of Attorney may not be available for pick-up at the Will Clinic, but every attempt will be made to allow for this.

**11. Return Your Form**

Please mail your form to:  
Mangano Law Offices Co., LPA  
2245 Warrensville Center Road, Ste. 213  
Cleveland, Ohio 44118

You may fax your form to our offices at (216) 397-5845. You may email your form to our offices at [bmangano@bmanganolaw.com](mailto:bmangano@bmanganolaw.com). Please specify "WILL FORM" on subject line. Please email questions to us at [bmangano@bmanganolaw.com](mailto:bmangano@bmanganolaw.com)

**WE RESPECT YOUR PRIVACY.** If you would prefer to finalize your Will in a more private setting, please check here\_\_\_\_\_. We will contact you to schedule an appointment.