

LABORERS' LOCAL UNION NO. 860 WILL AND TRANSFER ON DEATH DEED CLINIC

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. Please return this form to Mangano Law Offices and we will contact you to make arrangements for finalizing your will. If you are not interested in this arrangement, then STOP and contact Mangano Law Offices at (216) 397-5844 for additional services.

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
If you are not married, do you want us to prepare a transfer on death deed for the home you own? Yes No. You must file this document and pay any filing fees. List beneficiary (ies):

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.)

Table with 2 columns: 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

Are you interested in a Living Will or Durable Healthcare Power of Attorney for free?

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
2460 Fairmount Blvd., Ste. 314
Cleveland, Ohio 44106

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