

TRUNKENBOLZ | ROHR PLLC

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ESTATE PLANNING WORKSHEET

DATE _____

Name	Date & Place of Birth
Street Address Mailing Address w/Zip Code	Home Phone
Employer	Office Phone + Ext.
Email Address	Annual Income \$
Spouse's Name	Date & Place of Birth
Employer	Office Phone + Ext.
Email Address	Annual Income \$

Any previous marriage(s): Husband _____ Wife _____
 Have you signed any Prenuptial or Postnuptial Agreements? Husband _____ Wife _____
 Have you executed a Community Property Agreement? Yes _____ No _____

Children - Name(s) & Addresses	Date of Birth	Is Child Married	Number Children	Telephone Number	Was Child Born of this or Prior Marriage
Any other beneficiaries to whom you wish					

ASSETS	FAIR MARKET VALUE OF ASSET	SEPARATE PROPERTY *
1. Real Estate (list each property separately) a. b. c.		
2. Checking		
3. Savings		
4. Stocks		
5. Bonds		
6. Employee Benefits		
7. Individual Retirement Account (IRA)		
8. Business Interests		
9. Household Effects, Jewelry, Furniture, Antiques		
10. Life Insurance Face Value		
11. Automobiles/Trailers/RVs/Boats/Etc.		
TOTAL ASSETS		
LIABILITIES		
1. Mortgages		
2. Notes to Banks		
3. Loans to Insurance		
4. Accounts Payable		
5. Others		
TOTAL LIABILITIES		
<p>* Please state if any of the assets listed are the separate property of either you or your spouse. DOES YOUR CONCERN RELATE TO LONG-TERM CARE OR MEDICAID: Yes ____ No ____ <i>USE NEXT PAGE TO LIST ADDITIONAL DATA — OR ADD ADDITIONAL SHEETS</i></p>		

INSURANCE POLICIES (USE ADDITIONAL SHEETS AS NECESSARY)

Name and Address of Insurance Company			
Type of Policy (Life, Medicare Supplement Medical, Funeral/Burial)			
Policy Number			
Cash Surrender Value (If any)			
Beneficiary(ies)			
Amount of Death Benefits			
Name, Address and Phone Number of Insurance Agent			

USE THIS SPACE TO LIST ADDITIONAL DATA — OR ADD ADDITIONAL SHEETS