## $Trunkenbolz \mid Rohr \ pllc$

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DATE

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## ESTATE PLANNING WORKSHEET

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):  Have you signed any Prenuptial or Postnuptial Agreements?  Have you executed a Community Property Agreement?	Husband Wife		

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					

to leave proper	rty:							
								_
Is either spouse receiving benefits from a Trust or an Estate? Husband Wife List the amount, if any, of any inheritance you expect to receive: Husband \$ Wife \$						<del></del>		
ADVISORS		NAME			ADI	DRESS		PHONE
Accountant								
Life Insurance Agent								
Physician(s)								
Stock Broker/ Investment Advisor								
Do you have a	Durable	Power of Atto	rney?	I	Husband	Wife	<del></del>	-
Do you have a	Directive	e to Physicians	s (Living Wi	<i>ll)</i> ? 1	Husband	Wif	e	
LIST TI	HE PERS	ON (OR ENTI	TIES) YOU	WISH	TO NAM	E, IN ORD	ER OF PRI	EFERENCE
		1 <sup>st</sup> Choice (Full name and please include address)		ess)	Alternate (Full name and please include address)			
Persona Representati								
Attorney(s) i								
Guardian(s Minor Chil								
Trustee(	s)							
Location of safety deposit box, if any:								
		No						
Miscellaneous provisions (burial instructions, prior Will, specific bequests, etc.)								
	U.S. CIT		HUSBAND: WIFE:		S S			
FINANCIAL DATA								

(ROUND OFF AMOUNTS TO NEAREST DOLLAR)

ASSETS	FAIR MARKET VALUE OF ASSET	SEPARATE PROPERTY *		
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				
* 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  USE NEXT PAGE TO LIST ADDITIONAL DATA — OR ADD ADDITIONAL SHEETS				
OSE WEAT TAGE TO EIGH ADDITIONAL DATA — OK ADD ADDITIONAL SHEETS				

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					