

Expenditures Assessment

ITEM	SELF	SPOUSE	BOTH	YOU AS SURVIVOR	SPOUSE AS SURVIVOR
1 Clothing					
2 Donations and Gifts					
3 Food					
4 Health					
5 Hobby					
6 Life Insurance					
7 Recreation					
8 Shelter costs					
9 Support for Others					
10 Transportation					
11 Unusual Expenses					
12 Other Expenditures					
13 Total Expenditures (Add lines 1 to 12)					

DATE: _____