


(Copy Receipt)

(Clerk's Date Stamp)

 <p><b>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</b></p>
<p>In the Trust of:</p> <p>_____</p> <p>Beneficiary</p>

CASE NO. \_\_\_\_\_

STATEMENT OF NEED AND PROJECTED  
DISBURSEMENTS

(ST)

The trustee submits the following information regarding the trust beneficiary:

1. **Outline of Disabilities or Special Needs of the Beneficiary, if any.** \_\_\_\_\_

\_\_\_\_\_

2. Age and Living Circumstances of the Beneficiary, i.e. home with parent, adult family home. \_\_\_\_\_

3. **Projected Recurring Monthly Disbursements.**

Room and Board	\$
Medical	\$
Rent/Mortgage	\$
Personal and Incidental Expenses	\$
Food and Household Expenses	\$
Utilities	\$
Trustee Fees	\$
Other	\$
Total Proposed Monthly Expenditures	\$

**4. Significant Extraordinary Disbursements Anticipated During the Next Year, i.e. purchase of real estate, wheelchair accessible van.**

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I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED at \_\_\_\_\_, Washington this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Signature of Trustee(s)

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Printed Name of Trustee(s), WSBA/CPG#

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Address

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City, State, Zip Code

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Telephone/Fax Number

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Email Address