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**DECEDENT'S EXPENDITURES**

This list is to be completed for decedent's personal consumption only. (Example: for a family vacation, include only decedent's direct costs, such as airfare.) A dollar amount is to be used for each category listed below in a "typical" time period prior to death.

Circle whether the time period is weekly, monthly, or yearly.

Year \_\_\_\_\_. This must be the same year for all items.

**FOOD: (Only decedent's portion)**

Food at home: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Food away from home: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Alcoholic Beverages: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Tobacco: \$ \_\_\_\_\_ Weekly Monthly Yearly

**CLOTHING: (Decedent's only)**

New: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Dry Cleaning, laundry: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Special/Uniforms: \$ \_\_\_\_\_ Weekly Monthly Yearly

**HOUSING: (Single decedent's only)**

Mortgage payment: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Rent: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Utilities: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Furnishings: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Repairs: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Other: \$ \_\_\_\_\_ Weekly Monthly Yearly

**DUES: (Decedent's portion only)**

Membership: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Social clubs: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Union: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Pool: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Other: \$ \_\_\_\_\_ Weekly Monthly Yearly

**TRANSPORTATION: (For decedent only)**

Automobile payment: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Gas & Oil: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Repairs: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 License & Inspection: \$ \_\_\_\_\_ Weekly Monthly Yearly

**SUNDRIES: (For decedent only)**

Newspapers, etc. \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Grooming: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Other: \$ \_\_\_\_\_ Weekly Monthly Yearly

Personal property taxes: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Public Transportation: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Liability Insurance \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Is decedent's vehicle still owned? \_\_\_\_\_ Yes \_\_\_\_\_ No

**HEALTH EXPENSES (Decedent Only)**

Doctor: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Dentist: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Eye glasses: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Hospital: \$ \_\_\_\_\_ Weekly Monthly Yearly

**ENTERTAINMENT: (For decedent only)**

Vacation: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Recreation: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Hobbies: \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Education: \$ \_\_\_\_\_ Weekly Monthly Yearly

Clinic Membership \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Medicine, Vitamin \$ \_\_\_\_\_ Weekly Monthly Yearly  
 Other: \$ \_\_\_\_\_ Weekly Monthly Yearly

**MISCELLANEOUS: (Any item not mentioned previously)**

\_\_\_\_\_ \$ \_\_\_\_\_ Weekly Monthly Yearly  
 \_\_\_\_\_ \$ \_\_\_\_\_ Weekly Monthly Yearly