

# Financial App Form

## Page 1

**Name:** Margo Burrows

**Name of the nursing home:** Delhi Rehabilitation and Nursing Center

**Date Of Birth:** 1938-08-22

### Your Home Address

**Street Address:** 174 Irish Hill Road

**Address Line 2:**

**City:** Delhi

**State/Region/Province:** New York

**home\_postal\_zipcode:** 13753

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### Spouse

**spouse info:** Widowed in past 5 years

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### Demographics

**you selected:** Filed taxes in the past 4 years

**Employment status:** retired

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### Real Estate and Vechicles your home info within the past 5 years

**Living with someone rent free:** Yes

**equity value of your home:**

**your monthly bill:** Other contributions \$500

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### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

**Have Medicare Replacement (Like UHC Medicare):** Yes

**Medicare #:** 7TC1-UV9-UY19

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### Your Income Info Social Security

**Name of payer:** SSA Treasury

**Amount:** \$1,556

**Frequency:** monthly

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## Pension

**Name of payer:** New York State Teacher's Retirement

**Amount:** \$1,255.25

**Frequency:** monthly

## Pension

**Name of payer:**

**Amount:**

**Frequency:**

## Annuity

**Name of payer:**

**Amount:**

**Frequency:**

## IRA distribution

**Name of payer:**

**Amount:**

**Frequency:**

## Stock Dividends

**Name of payer:**

**Amount:**

**Frequency:**

## TRUST INFO

**Trust name:**

**Garantor:**

**Trustee:**

**Amount:**

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## Your Investments

### Stocks

**Company Name:**

**Approx. Value:**

### Bonds

# Financial App Form

**Company Name:**

**Approx. Value:**

**Annuity**

**Company Name:** Thrivent

**Approx. Value:** \$50,000

**IRA**

**Company Name:**

**Approx. Value:**

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**Funeral Info**  
**Irrevocable prepaid burial setup**

**Funeral Home**  
**Name:**

**Price:**

**Best Contact**

**Name:** Lisa Sackett

**Email:** readingteacher08@yahoo.com

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