

# Medicaid for Everett Bass

## Page 1

**Name:** Everett Bass

**Name of the nursing home:**

**Date Of Birth:**

### Your Home Address

**Street Address:**

**Address Line 2:**

**City:**

**State/Region/Province:**

**home\_postal\_zipcode:**

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### Spouse

**spouse info:**

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### Demographics

**you selected:**

**Employment status:**

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

**your monthly bill:**

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### Insurance Info

**Name of Homeowners insurance:**

### Your Income Info Social Security

**Name of payer:**

**Amount:**

**Frequency:**

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### Pension

**Name of payer:**

**Amount:**

**Frequency:**

# Medicaid for Everett Bass

## 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

Company Name:

Approx. Value:

### Annuity

Company Name:

Medicaid for Everett Bass

Approx. Value:

IRA

Company Name:

Approx. Value:

Best Contact

Name:

Email: pandatsachin38@gmail.com