

Financial App Form

Page 1

Name: Loretta Dustin

Name of the nursing home: Plattsburgh Rehabilitation & Nursing Center

Date Of Birth: 1942-06-07

Your Home Address

Street Address: 564 County Route 24

Address Line 2:

City: Malone

State/Region/Province: NY

home_postal_zipcode: 12953

Spouse

spouse info: Never married

Demographics

you selected:

Employment status:

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:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 6UR2T82JC92

Your Income Info Social Security

Name of payer: Social Security

Amount: 1820

Frequency:

Financial App Form

Pension

Name of payer:

Amount:

Frequency:

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:

Your Investments

Stocks

Company Name:

Approx. Value:

Bonds

Financial App Form

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Funeral Info

Irrevocable prepaid burial setup

Funeral Home

Name: Bruso-Desnoyers Funeral Service

Price:

Best Contact

Name: Roy Collins

Email: