

Financial App Form

Page 1

Name: Russell Dewar

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1946-10-07

Your Home Address

Street Address: 131 Golden Oak Way

Address Line 2:

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14624

Address

Street Address: Highlands at Brighton

Address Line 2: 5901 Lac De Ville BLVD

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14618

Spouse

spouse info: yes

Demographics

you selected: Filed taxes in the past 4 years

Employment status: retired

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

Currently own: Yes

equity value of your home:

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model:

Fair market Value:

Financial App Form

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: Excellus BCBS- VYM201239507

Your Income Info Social Security

Name of payer:

Amount: 2063

Frequency: Monthly

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:

Financial App Form

Garantor:

Trustee:

Amount:

Spouse Income Info Social Security

Name of payer: SS/Pension combined

Amount: 2280

Frequency: Monthly

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:

Financial App Form

Garantor:

Trustee:

Amount:

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Spouse Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info Bank #1

Financial App Form

Bank:

Account #: checking

\$ Amount: 175,183.00

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Spouse banking info

Bank #1

Bank:

Account #: checking

\$ Amount: 189,728.00

bank_1_date_closed:

Bank #2

Bank:

Account #

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #

\$ Amount:

bank_1_date_closed:

Financial App Form

Spouse Info

Name: Ann Dewar

Spouse SS#:

Spouse DOB:

Best Contact

Name: Ann Dewar

Email:
