

# Financial App Form

## Page 1

**Name:** Patricia Davies

**Name of the nursing home:** Houghton Nursing home

**Date Of Birth:** 1934-09-06

### Your Home Address

**Street Address:** 9173 Hardy's Corners Rd

**Address Line 2:**

**City:** Cuba

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

**home\_postal\_zipcode:** 14727

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### Spouse

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

### 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

**your monthly bill:**

### Own vehicle sell info in past 5 years

**Make and Model:** Dodge Caravan

**Fair market Value:**

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### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

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

**Life Insurance (including through an annuity):** Yes

**Medicare #:** 8xv9-we6-dj32

**Life Insurance provider:** United Healthcare

**Cash Value:**

# Financial App Form

**Policy #:** 918312384-00

## Your Income Info Social Security

**Name of payer:**

**Amount:**

**Frequency:**

### 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:**

# Financial App Form

Amount:

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## Your Investments Stocks

Company Name:

Approx. Value:

## Bonds

Company Name:

Approx. Value:

## Annuity

Company Name:

Approx. Value:

## IRA

Company Name:

Approx. Value:

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## Best Contact

Name: Peter Davies

Email: feedhauler @netzero.net

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