

Financial App Form

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Name: Marie Comstock

Name of the nursing home: Alpine

Date Of Birth: 1936-03-14

What is your Medicaid ID #: 0

Your Home Address

Street Address: 123 Miller rd

Address Line 2:

City: Dolgeville

State/Region/Province: NY

home_postal_zipcode: 13329

Spouse

spouse info: Widowed in past 5 years

Demographics

you selected:

Employment status: retired

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

Life Insurance (including through an annuity): Yes

Medicare #: 2jv6-pa2-kr60

Life Insurance provider:

Cash Value:

Financial App Form

Policy #:

Your Income Info Social Security

Name of payer: Marie Comstock

Amount:

Frequency: Monthly

Pension

Name of payer: Daniel greens

Amount:

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:

Financial App Form

Amount:

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Best Contact

Name: Dakota Giarrusso

Email: Giarrussodakota2@gmail.com
