

# Financial App Form

## Page 1

**Name:** Diane DeJohn

**Name of the nursing home:** Auburn Rehabilitation nursing home

**Date Of Birth:** 1942-08-31

### Your Home Address

**Street Address:** 450 Delwood Drive

**Address Line 2:**

**City:** Baldwinsville

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

**home\_postal\_zipcode:** 13027

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### Address

**Street Address:** Elderwood

**Address Line 2:**

**City:** 4800 bear road

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

**home\_postal\_zipcode:** 13088

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### Spouse

**spouse info:** yes

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### 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

**Renting:** Yes

**Rent:** \$1375

**your monthly bill:** 25.00

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### Own vehicle sell info in past 5 years

**Make and Model:** Kia soul

**Fair market Value:** 7500

# Financial App Form

## Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Have insurance through work: Yes

Life Insurance (including through an annuity): Yes

Medicare #: 5gw8-qk0-un26

HMO Name and ID #: Excellus

Life Insurance provider: Met life

Cash Value:

Policy #:

## Your Income Info Social Security

Name of payer: 133-32-4563

Amount: \$1009.

Frequency: Monthly

## Pension

Name of payer: BCSD

Amount: 1229.70

Frequency: Monthly

## Pension

Name of payer:

Amount:

Frequency:

## Annuity

Name of payer:

Amount:

Frequency:

## IRA distribution

Name of payer:

# Financial App Form

Amount:

Frequency:

## Stock Dividends

Name of payer:

Amount:

Frequency:

## TRUST INFO

Trust name:

Garantor:

Trustee:

Amount:

## Spouse Income Info Social Security

Name of payer: 086304855

Amount: 1835.

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:

# Financial App Form

Amount:

Frequency:

## Stock Dividends

Name of payer:

Amount:

Frequency:

## TRUST INFO

Trust name:

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:

# Financial App Form

**Approx. Value:**

**Annuity**

**Company Name:**

**Approx. Value:**

**IRA**

**Company Name:**

**Approx. Value:**

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**Banking info**

**Bank #1**

**Bank:** KeyBank

**Account #:** 320023004072

**\$ Amount:** 15421.87

**bank\_1\_date\_closed:**

**Bank #2**

**Bank:** Keybank

**Account #:** 320022016754

**\$ Amount:** 8824.09

**bank\_1\_date\_closed:**

**Bank #3**

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

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**Spouse banking info**

**Bank #1**

**Bank:** Chase

**Account #:** 0000001250011586

**\$ Amount:** 7827.17

**bank\_1\_date\_closed:**

**Bank #2**

# Financial App Form

**Bank:** Empower

**Account #** 200005162581

**\$ Amount:** 21535.43

**bank\_1\_date\_closed:**

## Bank #3

**Bank:**

**Account #**

**\$ Amount:**

**bank\_1\_date\_closed:**

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## Spouse Info

**Name:** Richard Dejohn

**Spouse SS#:** 086304855

**Spouse DOB:**

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## Best Contact

**Name:** Cheryl Maxwell

**Email:** lluvdefleppard69@yahoo.com