Page 1

Name: Abe Mostofsky

Name of the nursing home: Salamanca Rehab

Date Of Birth: 1988-11-11

What is your Medicaid ID #:

Your Home Address

Street Address: 600 bates road

Address Line 2:

City:

State/Region/Province:

home_postal_zipcode: 14301

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: 1211221

Own a RENTAL PROPERTY: Yes equity value of your home: 1211221

your monthly bill: 2322

Own vehicle sell info in past 5 years

Make and Model: chevy

Fair market Value: 21

Insurance Info

Name of Homeowners insurance: Lace-Risk Assessment

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Have insurance through work: Yes Have Medigap insurance (i.e. AARP or Medex)n: Yes Life Insurance (including through an annuity): Yes Medicare #: HMO Name and ID #: Life Insurance provider: Cash Value: Policy #: Your Income Info **Social Security** Name of payer: SSA **Amount: 12211** Frequency: monthyl Pension Name of payer: ford Amount: 121 Frequency: yearl;y **Pension** Name of payer: djodo Amount: 111 Frequency: monthyl **Annuity** Name of payer: first life **Amount: 12111** Frequency: yearly **IRA** distribution Name of payer: 1211 Amount: 1 Frequency: YEASRLY Stock Dividends

Name of payer: COMPUTERSHARE A FEW COMANUES
Amount: 121
Frequency: D
TRUST INFO
Trust name:
Garantor:
Trustee:
Amount:
Spouse Income Info Social Security
Name of payer: XDSGSD
Amount: 11
Frequency: MONTHL
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
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
Bank: COMMUNITY
Account #: 319381383
\$ Amount: 1211
bank_1_date_closed:
Bank #2
Bank: MANDT
Account #: 121
\$ Amount: 0
bank_1_date_closed: 12/1/2024
Bank #3
Bank:
Account #:
\$ Amount:
bank_1_date_closed:
Funeral Info Irrevocable prepaid burial setup for spouse
Funeral Home Name:
Price:
Spouse Info
Name: Emergency Sheet
Spouse SS#: 111111111
Spouse DOB: 1976-11-11
Best Contact
Name: Med OGH

Email: AMOSTOFSKY@PHCARE.COM