Page 1

Name: Barbara E Lockley

Name of the nursing home:

Date Of Birth: 1947-05-23

Your Home Address

Street Address:

Address Line 2: 13 Cedarwood Lane

City: Plattsburgh

State/Region/Province: NY

home_postal_zipcode: 12901

Spouse

spouse info: Widowed in past 5 years

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

Renting: Yes Rent: 750.00

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: 2019 Buick Encore

Fair market Value:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 1T25KE6JW60

HMO Name and ID #: 991584572

Your Income Info Social Security

Name of payer: James F. Lockley
Amount: 1730.
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:
Garantor:
Trustee:
Amount:

	Your Investments Stocks	
Company Name:		
Approx. Value:		
	Bonds	
Company Name:		
Approx. Value:		
	Annuity	
Company Name:		
Approx. Value: 695.00		
	IRA	
Company Name:		
Approx. Value:		
	Banking info Bank #1	
Bank: Community Bank		
Account #:		
\$ Amount: 2000.00		
bank_1_date_closed:		
	Bank #2	
Bank:		
Account #:		
\$ Amount:		
bank_1_date_closed:		
	Bank #3	
Bank:		
Account #:		
\$ Amount:		
bank_1_date_closed:		
	Best Contact	

Name: Barbara Lockley

Email: BLOCKLEY417@ICLOUD.COM