

Financial App Form

Page 1

Name: Belva Sheaf

Name of the nursing home: Houghton Rehabilitation and Nursing

Date Of Birth: 1936-09-29

Your Home Address

Street Address: 12089 County Line Rd

Address Line 2: Apt. 203

City: Delevan

State/Region/Province: NY

home_postal_zipcode: 14042

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: retired

Real Estate and Vechicles your home info within the past 5 years

Renting: Yes

Rent: \$520.00

your monthly bill: N/A

Own vehicle sell info in past 5 years

Make and Model:

Fair market Value:

Date Sold:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 1J91UT2UP38

Financial App Form

Your Income Info Social Security

Name of payer: United States Treasury

Amount: 1687.20

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:

Financial App Form

Your 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: Tompkins Bank

Account #: 8220126442

\$ Amount: 7825.23

bank_1_date_closed: open

Bank #2

Bank: Key Bank

Account #: ?

\$ Amount: 0.00

bank_1_date_closed: 2021-??

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Funeral Info Irrevocable prepaid burial setup

Financial App Form

Funeral Home

Name: David A Doser Funeral Home and Crematory

Price: ??

Best Contact

Name: Harry Shaw

Email: hshawjr@frontier.com
