### Page 1

Name: Deborah Defedericis

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1948-01-30

**Your Home Address** 

Street Address: 9581 Beaver Road

**Address Line 2:** 

City: Alexander

State/Region/Province: NY

home\_postal\_zipcode: 14005

**Address** 

Street Address: 6815 NY Rte 237

**Address Line 2:** 

City: Byron

State/Region/Province: NY

home\_postal\_zipcode: 14422

**Spouse** 

spouse info: Never married

**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: 600

your monthly bill: N/A

Own vehicle sell info in past 5 years

Make and Model: 2009 Ford Focus

Fair market Value:

Insurance Info
Name of Homeowners insurance:
Have Medicare: Yes
Have Medicare Replacement (Like UHC Medicare): Yes
Medicare #: 1AJ4XF8PM95
HMO Name and ID #: UHC- 976199673
Your Income Info Social Security
Name of payer:
Amount: 1127
Frequency: Monthly
Pension
Name of payer:
<b>Amount:</b> 1617.90
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:
Amount:
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: Tonawanda Valley CU
Account #: checking
\$ Amount: 50
bank_1_date_closed:
Bank #2
Bank: Tonawanda Valley CU
Account #: Savings
\$ Amount: 50
bank_1_date_closed:

### Bank #3

Bank:

Account #:

**\$ Amount:** 

bank\_1\_date\_closed:

# Funeral Info Irrevocable prepaid burial setup

**Funeral Home** 

Name: J L Mcandrew

**Price:** 3500

**Best Contact** 

Name: Toni Kusmierski

Email: tkusmierski@gbboces.org