

# Financial App Form

## Page 1

**Name:** Debra L Rexford

**Name of the nursing home:** Salamanca Rehab

**Date Of Birth:**

### Your Home Address

**Street Address:**

**Address Line 2:**

**City:** vsdvsvsdv

**State/Region/Province:**

**home\_postal\_zipcode:**

### Spouse

**spouse info:** Divorced in past 5 years

### Demographics

**you selected:** Veteran

**Employment status:** retired

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

**Sold/Transferred in the past 5 years:** Yes

**your monthly bill:**

### Own vehicle sell info in past 5 years

**Make and Model:** chevy

**Fair market Value:**

**Date Sold:** 1991-11-11

### Sold Property Property 1

**Address:** rfwet23t23tr

**Fair Value:** 11

**Sale Price:** 11

**Date Sold:**

# Financial App Form

## Property 2

Address:

Fair Value:

Sale Price:

Date Sold:

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## Your Income Info Social Security

Name of payer:

Amount:

Frequency:

## 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:

# Financial App Form

## TRUST INFO

Trust name:

Garantor:

Trustee:

Amount:

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### Your Investments Stocks

Company Name:

Approx. Value:

### Bonds

Company Name:

Approx. Value:

### Annuity

Company Name:

Approx. Value:

### IRA

Company Name:

Approx. Value:

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### Best Contact

Name:

Email:

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