Financial App Form

Page 1

Name: Donna Demars

Name of the nursing home: Alpine Rehab & Nursing Center

Date Of Birth: 1949-06-03

Your Home Address

Street Address: 108 Burwell Street

Address Line 2:

City: Little Falls

State/Region/Province: NY

home_postal_zipcode: 13365

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

Renting: Yes
Rent:

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

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: 2013 chevy eqinox

Fair market Value: $5,293.00

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Life Insurance (including through an annuity): Yes

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Medicare #: 8v70fx6cd08

Life Insurance provider:

Cash Value: $10,000.00

Policy #:

Your Income Info
Social Security

Name of payer:

Amount: 1,908.00

Frequency: Monthly

Pension

Name of payer: Feldmeirs

Amount: 266.00

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

Financial App Form

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: Adirondack Bank

Account #:

$ Amount:

bank_1_date_closed:

Bank #2

Bank:

Account #:

$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Financial App Form

Account #:

$ Amount:

bank_1_date_closed:

Best Contact

Name: Chad Nichols

Email: ddemars@alpinerehab.net