Page 1

Name: James Markley

Name of the nursing home: Auburn Rehabilitation and Nursing Center

Date Of Birth: 1978-05-04

What is your Medicaid ID #: AG07695Z

Your Home Address

Street Address: 94 Saint Joseph Ave

Address Line 2:

City: Buffalo

State/Region/Province: NY

home_postal_zipcode: 14211

Address

Street Address: 170 Murray St

Address Line 2:

City: Auburn

State/Region/Province: NY

home_postal_zipcode: 13021

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

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

Renting: Yes Rent: 1388.00

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes Have Medicare Replacement (Like UHC Medicare): Yes Medicare #: 6KV0FV1JJ02 Your Income Info **Social Security** Name of payer: SSA **Amount: 1646.00** Frequency: Month **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:		
	IRA	
Company Name:		
A		
Approx. Value:		
Approx. value:	Banking info Bank #1	
Bank: M&T Bank		
Bank: M&T Bank		
Bank: M&T Bank Account #:		
Bank: M&T Bank Account #: \$ Amount: 2000.00		
Bank: M&T Bank Account #: \$ Amount: 2000.00	Bank #1	
Bank: M&T Bank Account #: \$ Amount: 2000.00 bank_1_date_closed:	Bank #1	
Bank: M&T Bank Account #: \$ Amount: 2000.00 bank_1_date_closed: Bank:	Bank #1	
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Bank: M&T Bank Account #: \$ Amount: 2000.00 bank_1_date_closed: Bank: Account #: \$ Amount:	Bank #1	

\$ Amount:	
bank_1_date_closed:	
	Best Contact
Name: James Markley	
Email: markleyjames53@gmail.com	