Page 1 Name: John Slifka Jr Name of the nursing home: Houghton Rehabilitation and Nursing Center Date Of Birth: 1933-05-31 **Your Home Address** Street Address: 22 Haley Lane Apt 2 **Address Line 2:** City: Cheektowaga State/Region/Province: NY home_postal_zipcode: 14227 **Spouse** spouse info: yes **Demographics** you selected: Veteran Employment status: retired **Real Estate and Vechicles** your home info within the past 5 years Renting: Yes Rent: 1270 monthly your monthly bill: n/a Insurance Info Name of Homeowners insurance: HMO Name and ID #: Senior Choice- 201150951 Your Income Info **Social Security** Name of payer: **Amount: 2652** 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:
TRUST INFO
Trust name:
Garantor:
Trustee:
Amount:
Spouse Income Info Social Security
Name of payer:
Amount: 743
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:
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:
Spouse 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: M&T
Account #: Savings
\$ Amount : 4200
bank_1_date_closed:
Bank #2
Bank: M&T
Account #: Checking
\$ Amount: 6500
bank_1_date_closed:

Bank #3 Bank: Account #: \$ Amount: bank_1_date_closed: Spouse banking info Bank #1 Bank: Account #: \$ Amount: bank_1_date_closed: Bank #2 Bank: Account # \$ Amount: bank_1_date_closed: Bank #3 Bank: Account # \$ Amount: bank_1_date_closed: **Spouse Info** Name: Rosemarie Slifka Spouse SS#: **Spouse DOB: Best Contact** Name: Rosemarie Slifka **Email:**