

Financial App Form

Page 1

Name: KAREN SCRIVENER

Name of the nursing home: Sodus Rehab and Nursing Center

Date Of Birth: 1982-11-05

Your Home Address

Street Address:

Address Line 2: 112 New Preemption Rd

City: LYONS

State/Region/Province: NY

home_postal_zipcode: 14489

Spouse

spouse info:

Demographics

you selected: Filed taxes in the past 4 years

Employment status: unemployed

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

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: Chevy Colorado

Fair market Value: \$600

Date Sold: 2019-05-15

Your Income Info Social Security

Name of payer:

Amount:

Frequency:

Pension

Name of payer:

Financial App Form

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:

Financial App Form

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: Citizens Bank

Account #:

\$ Amount: -75.00

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

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