### Page 1

Name: Lisa Stallone

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1963-08-26

What is your Medicaid ID #: AW25367V

#### **Your Home Address**

Street Address: 1912 Stannards Road

**Address Line 2:** 

City: Wellsville

State/Region/Province: NY

home\_postal\_zipcode: 14895

### **Spouse**

spouse info: Widowed in past 5 years

#### **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

Living with someone rent free: Yes

equity value of your home:

your monthly bill: N/A

#### Own vehicle sell info in past 5 years

Make and Model: Sold 2018 Chevrolet Corvette- Bought 2021 Buick Envision

Fair market Value: Traded Corvette for 19k & Buick Envision

#### Own vehicle sell info in past 5 years

Make and Model: Sold 2018 Chevrolet Corvette- Bought 2021 Buick Envision

Fair market Value: Traded Corvette for 19k & Buick Envision

**Date Sold:** 

# Your Income Info Social Security

Name of payer:
Amount: 1871
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:
Vour Invoctments

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: Community Bank		
Account #: 1255074		
<b>\$ Amount:</b> 699.81		
bank_1_date_closed:		
	Bank #2	
Bank: Community Bank		
Account #: 1524776		
<b>\$ Amount:</b> 28396.93		
bank_1_date_closed:		
	Bank #3	
Bank: Community Bank		
Account #: 18000		
\$ Amount:		
bank_1_date_closed:		
	Best Contact	
Name: Danielle Nye		
Email: nyedn1214@gmail.com		