

Financial App Form

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Name: Marguerite Crosby

Name of the nursing home: Houghton Rehab

Date Of Birth: 1932-08-19

What is your Medicaid ID #: AJ74742P

Your Home Address

Street Address: 3484 Moulton Hill Road

Address Line 2:

City: Cuba

State/Region/Province: NY

home_postal_zipcode: 14727

Spouse

spouse info: Widowed in past 5 years

Demographics

you selected: Have a disabled child living at home

Employment status: retired

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

Sold/Transferred in the past 5 years: Yes

your monthly bill:

Sold Property Property 1

Address: 3484 Moulton Hill Rd Cuba NY 14727

Fair Value: 30,000.00

Sale Price:

Date Sold: 2021-transferred to disabled child

Property 2

Address:

Fair Value:

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Sale Price:

Date Sold:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Have Medigap insurance (i.e. AARP or Medex)n: Yes

Medicare #: 1W94PX8TH93

HMO Name and ID #: 34470027311

Your Income Info Social Security

Name of payer: widow husbands

Amount: 1087.00

Frequency: monthly

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:

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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:

Banking info Bank #1

Bank: Five Star- Cuba NY

Account #:

\$ Amount: \$12.47

bank_1_date_closed:

Bank #2

Bank:

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Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Johanna Hewitt

Email: n/a