

# Financial App Form

## Page 1

**Name:** Montgomery Shoemaker

**Name of the nursing home:**

**Date Of Birth:** 1951-07-27

### Your Home Address

**Street Address:** 3974 Rte 417 Lot 39

**Address Line 2:**

**City:** Allegheny

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14076

### Spouse

**spouse info:** Never married

### Demographics

**you selected:** Filed taxes in the past 4 years

**Employment status:** retired

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

**Currently own:** Yes

**equity value of your home:** 20k

**your monthly bill:** \$500

### Own vehicle sell info in past 5 years

**Make and Model:** unknown

**Fair market Value:**

### Insurance Info

**Name of Homeowners insurance:** unknown

**Have Medicare:** Yes

**Have Medicare Replacement (Like UHC Medicare):** Yes

**Medicare #:**

### Your Income Info Social Security

# Financial App Form

Name of payer: 1900

Amount:

Frequency:

Pension

Name of payer: unknown

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

# Financial App Form

**Company Name:** n/a

**Approx. Value:**

## Bonds

**Company Name:** n/a

**Approx. Value:**

## Annuity

**Company Name:** n/a

**Approx. Value:**

## IRA

**Company Name:** n/a

**Approx. Value:**

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## Banking info

### Bank #1

**Bank:** Unknown by family

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

### Bank #2

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

### Bank #3

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

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## Best Contact

**Name:** Therese Pohorence

**Email:**

# Financial App Form

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