

# Financial App Form

## Page 1

**Name:** Myrna Reid

**Name of the nursing home:** Plattsburgh Rehab and Nursing Center

**Date Of Birth:** 1931-01-30

### Your Home Address

**Street Address:** 14 Chapman Street

**Address Line 2:**

**City:** Rouses Point

**State/Region/Province:** NY

**home\_postal\_zipcode:** 12979

### Spouse

**spouse info:** Divorced in past 5 years

### Demographics

**you selected:**

**Employment status:** retired

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

**Renting:** Yes

**Rent:** \$800

**your monthly bill:** \$120

### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

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

**Medicare #:**

### Your Income Info Social Security

**Name of payer:**

**Amount:** 1423

**Frequency:** Mthly

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## Pension

Name of payer:

Amount: 329.08

Frequency: Mthly

## 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:

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## Your Investments

### Stocks

Company Name:

Approx. Value:

### Bonds

# Financial App Form

**Company Name:**

**Approx. Value:**

**Annuity**

**Company Name:**

**Approx. Value:**

**IRA**

**Company Name:**

**Approx. Value:**

**Best Contact**

**Name:**

**Email:**