

Financial App Form

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Name: Stanley Travis

Name of the nursing home: The Cloisters / Houghton

Date Of Birth:

Your Home Address

Street Address: 2095 Eastwood Rd

Address Line 2:

City: East Aurora

State/Region/Province: NY

home_postal_zipcode: 14037

Address

Street Address: 171 North Maple St

Address Line 2:

City: Warsaw

State/Region/Province: NY

home_postal_zipcode: 14569

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

Currently own: Yes

equity value of your home: 130000

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: Not sure . Old Buick, old truck

Fair market Value:

Financial App Form

Insurance Info

Name of Homeowners insurance: Unsure

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #:

Your Income Info Social Security

Name of payer: SSA

Amount: 1234

Frequency: Monthly

Pension

Name of payer: Steel plant

Amount: 164.59

Frequency: Monthky

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:

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TRUST INFO

Trust name:

Garantor:

Trustee:

Amount:

Your Investments Stocks

Company Name:

Approx. Value: 16400

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value: 1346

IRA

Company Name:

Approx. Value:

Banking info Bank #1

Bank: Alden state bank

Account #: 203

\$ Amount: 8300

bank_1_date_closed:

Bank #2

Bank: Alden state bank

Account #: 509

\$ Amount: 186000

bank_1_date_closed:

Bank #3

Financial App Form

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

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Email: Sheritravis01@gmail.com
