

# Financial App Form

## Page 1

**Name:** marie comstock

**Name of the nursing home:** alpine

**Date Of Birth:** 1935-03-30

**What is your Medicaid ID #:**

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### Your Home Address

**Street Address:** 123 miller rd

**Address Line 2:**

**City:** dolgeville

**State/Region/Province:** ny

**home\_postal\_zipcode:** 13329

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### Spouse

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

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### Demographics

**you selected:**

**Employment status:** retired

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### 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

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### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

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

**Medicare #:** 2JV6-PA2-KR60

**HMO Name and ID #:** united Helth care 901175638-00

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### Your Income Info Social Security

**Name of payer:** social security

# Financial App Form

**Amount:** \$1510.00

**Frequency:** monthly

## Pension

**Name of payer:** dan greens

**Amount:** 73.59

**Frequency:** monthly

## 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:**

# Financial App Form

**Approx. Value:**

## **Bonds**

**Company Name:**

**Approx. Value:**

## **Annuity**

**Company Name:**

**Approx. Value:**

## **IRA**

**Company Name:**

**Approx. Value:**

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## **Funeral Info**

### **Irrevocable prepaid burial setup**

#### **Funeral Home**

**Name:** miller plonka

**Price:**

## **Best Contact**

**Name:** Dakota Giarrusso

**Email:** Giarrussodakota2@gmail.com