

Financial App Form

Page 1

Name: nancy Schmidt

Name of the nursing home: Norwich Rehabilitation and nursing

Date Of Birth: 1954-11-28

Your Home Address

Street Address: 1773 State Route 12

Address Line 2:

City: Hubbardsville

State/Region/Province: NY

home_postal_zipcode: 13355

Spouse

spouse info: yes

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: maybe 80,000

your monthly bill: no

Own vehicle sell info in past 5 years

Make and Model: Subaru forester

Fair market Value: ?

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: 995231347

Your Income Info Social Security

Name of payer:

Amount: 1064

Financial App Form

Frequency: monthly

Pension

Name of payer: n/a

Amount:

Frequency:

Pension

Name of payer: n/a

Amount:

Frequency:

Annuity

Name of payer: n/a

Amount:

Frequency:

IRA distribution

Name of payer: n/a

Amount:

Frequency:

Stock Dividends

Name of payer: n/a

Amount:

Frequency:

TRUST INFO

Trust name: N/A

Garantor:

Trustee:

Amount:

Spouse Income Info Social Security

Name of payer:

Amount:

Financial App Form

Frequency:

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:

Stock Dividends

Name of payer:

Amount:

Frequency:

TRUST INFO

Trust name: N/A

Garantor:

Trustee:

Amount:

Your Investments
Stocks

Company Name:

Approx. Value:

Financial App Form

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Spouse 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: NBT

Account #:

\$ Amount: 10000

bank_1_date_closed:

Bank #2

Bank:

Financial App Form

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Spouse Info

Name: Thomas Schmidt

Spouse SS#:

Spouse DOB:

Best Contact

Name: Thomas Schmidt

Email: phone # 315-750-6697