

Navigation Menu

Search

- CARES Home
- Search
- ▶ [Inbox Search](#)
- [Unlinked Documents](#)
- RFA / Case
- ▶ [Client Registration \(0 \)](#)
- [Case Summary](#)
- [Case Comments](#)
- [Expected Changes](#)
- ▼ [Application Entry \(0 \)](#)
 - ▶ [Case Information](#)
 - ▶ [Individual Demographics](#)
 - ▶ [Benefits/School](#)
 - ▶ [Individual Non Financial](#)
 - ▶ [Other Health Care Programs](#)
 - ▶ [Asset Information](#)
 - ▶ [Employment Queries](#)
 - ▶ [Employment](#)
 - ▶ [Unearned Income](#)
 - ▶ [BC+ Tax Deductions](#)
 - ▶ [Expenses](#)
 - ▶ [Medical](#)
 - ▶ [Tax Filing Information](#)
 - ▶ [Yearly Income](#)
 - ▶ [W-2/Child-Care](#)

SSA Details

SSA Details and Medicare

Source Details

Source: **SOLQ**

SSA Benefit Details

PIN:	1234567890	SSN:	000-00-0000	Case:	xxxxxxxxxx
Client Name:	JONATHAN YOURLAST	Updated Date:	MM/01/202*		
Name Received:	JONATHAN YOURLAST	Birth Date:	01/01/1975	Gender:	MALE
SSN Claim Number:	000-00-0000 - A00	Death Date:			
Record Details:		Payment Status:	CURRENT PAYMENT		
Income Type:	SOCIAL SECURITY DISABILITY / WAGE EARNER	Current Entitlement Month:	06/2018	Benefit Payment Date:	MM/202*
Gross Benefit Amount:	\$1200.00	Net Benefit Amount:	\$851.50	Suspension/ Termination Date:	
Disability OnSet Date:	01/2018	Dual Entitlement Claim:		Triple Entitlement Claim:	
Cross Reference Claim:					
Over Payment Deduction Amount:	\$0.00				
End Date:					
Direct Deposit Code:	checking account				

Medicare

	PART-A	PART-B
Eligibility:	Yes	Yes
Entitlement Date:	01/2020	01/2020
Termination Date:		
Premium:	\$0.00	\$148.50
Payor:		
3rd Party Begin Date:		
3rd Party End Date:		

SSA Benefits

SSA Payment Details

Disability Date:	01/2018	Deferred Payment Date:	
Initial Entitlement Month:	06/2018	Scheduled Payment Date:	
Current Entitlement Month:	06/2018		
RailRoad Indicator:			

Gross Benefit Payment History

Date	Gross Amount
MM/202*	\$1,200.00

Match Date MM / DD / YYYY Go

Associated Bank N.A.
 PO Box 19097
 Green Bay WI 54307-9097
 24 Hour Customer Care: 1-800-236-8866

FINANCIAL STATEMENT OF ACCOUNTS

Primary Account 1234567890

Statement Activity Period
MM/15/202* to MM/15/202*
(most recent 30 days)

Bank: 001

Mail Code: 0

>000426 7055639 0001 092479 102

 JONATHAN YOURLASTNAME
 100 MAIN ST
 MADISON WI 53704


Important information about your 2020 year-end tax documents: If you earned \$10 or more of interest in 2020, your year-end tax documents were mailed no later than January 31, 2021. They are also available through mobile, online and telephone banking. If you did not receive year-end tax statements and believe you should have, please contact our 24/7/365 Customer Care team at 800-236-8866.

FINANCIAL SUMMARY	ACCOUNT#	BALANCE
DEPOSIT ACCOUNTS	1234567890	
Associated Balanced Checking		\$804.65

DEPOSIT ACCOUNTS		
Associated Balanced Checking	# 1234567890	
Beginning Balance		1,718.17
Plus: Deposits and Other Additions		1,051.50
Minus: Withdrawals and Other Deductions		801.86
Minus: Checks Paid		1,163.16
ENDING BALANCE ON 02/15/2021		\$804.65

Deposits and Other Additions

MM/20/202*	SSA TREAS 310 XXSOC SEC XXXX5429A SSA		851.50
MM/21/202*	CUSTOMER DEPOSIT		200.00
	TOTAL		\$1,051.50

Withdrawals and Other Deductions

MM/15/202*	WOODMAN'S MADISON EAST		26.22
MM/21/202*	KWIK TRIP MADISON NORTHPORT		18.40
MM/22/202*	DDA PUR KWIK TRIP KWIK TRIP PORTAGE WI 000054168682		15.21
MM/22/202*	BRIDGES GOLF COURSE 218765 B63EABF187D2		13.27
MM/22/202*	EASY COMFORTS Payment 1530 SERIAL NUMBER: 01530 000000910210337160018		20.69
MM/25/202*	PUBLISHER CLEAR ACH 1529 SERIAL NUMBER: 01529 306825654510		7.00
MM/25/202*	PUBLISHER CLEAR ACH 1528 SERIAL NUMBER: 01528 306826751179		7.00
MM/25/202*	CHARTER CHECKPMT 1531 SERIAL NUMBER: 01531 8245117450080536		163.38
MM/26/202*	LTD COM ARC PAYMENT 1535 SERIAL NUMBER: 01535 000000910250441510400		20.00
MM/26/202*	Montgomery Ward Payment 1533 SERIAL NUMBER: 01533 000000910250065850280		25.00
MM/26/202*	WPS PREMIUM ARXXXXXXXXX3969		82.00
MM/26/202*	Alliant WPL CHECKPAYMT 1532 SERIAL NUMBER: 01532 0682700000 20		82.81
MM/29/202*	PROG UNIVERSAL INS PREM XXXX9919		57.38

Withdrawals and Other Deductions (continued)

MM/01/202*	DDA PUR ARBY'S 882 PORTAGE WI 102900607026	20.54
MM/01/202*	PUBLISHER CLEAR ACH 1534 SERIAL NUMBER: 01534 306832339646	10.00
MM/01/202*	Credit One Bank Payment 1538 SERIAL NUMBER: 01538	75.00
MM/03/202*	TACO BELL MADISON EAST [REDACTED]	14.96
MM/04/202*	BARNES AND NOBLES EAST TOWNE XXXXX3379U [REDACTED]	37.00
MM/05/202*	AMAZON ONLINE PURCHASE	30.00
MM/09/202*	DDA PUR COSTCO ONL 800-955-2292 WA 103900416580	12.00
MM/11/202*	DISCOVER ARC PAYMENTS 1547 SERIAL NUMBER: 1547 7414 ARCADS	60.00
MM/15/202*	SERVICE FEE	4.00
TOTAL		\$801.86


Checks Paid

<u>DATE</u>	<u>CHECK#</u>	<u>AMOUNT</u>	<u>DATE</u>	<u>CHECK#</u>	<u>AMOUNT</u>
MM/01/202*	1497	100.00	MM/01/202*	1537	50.00
MM/15/202*	1524 *	25.16	MM/01/202*	1539 *	8.00
MM/20/202*	1525	30.00	MM/04/202*	1540	715.00
MM/15/202*	1526	39.00	MM/08/202*	1541	57.00
MM/19/202*	1527	39.00	MM/05/202*	1543 *	50.00
MM/26/202*	1536 *	50.00			
			TOTAL		\$1,163.16

*Indicates a check number is missing from sequence

Total Overdraft Fees and Total Returned Item Fees

	Total For This Period	Total Year-to-Date
Total Overdraft Fees*	\$0.00	\$0.00
Total Returned Item Fees**	\$0.00	\$0.00

Please note if you have a negative balance for more than five business days, a continued overdraft fee of \$7.00 per business day will also apply.

*Total Overdraft Fees include fees for: overdraft items or debits paid, NSF (Unavailable Funds) item or debit paid, and Continued overdraft fees.

** Fees for overdraft or NSF Items returned unpaid.

Service Fees Disclosure

mm/15/202* - mm/15/202* Check	
Images w Stmt Service Chg	\$4.00
Waived	\$0.00



FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

For assistance, please call 1-800-866-9933.

JONATHAN YOURLASTNAME
100 MAIN ST
MADISON WI 53704

Statement Date: last 30 days
Policy Number: H543210
Policy Date: 01/27/2020
Planned Maturity: 01/27/2030

Statement Period
From: last 12 months
To: (yearly)

SUMMARY OF COVERAGE

Insured - JONATHAN YOURLASTNAME	As of one year ago	As of last 30 days
Primary Insured Death Benefit (Assuming no loan)	\$1,000.00	\$1,000.00
Primary Insured Death Benefit (With effect of loan)	\$1,000.00	\$1,000.00
Policy Value	\$900.00	\$900.00
Surrender Charge	\$0.00	\$0.00
Outstanding Loan	\$0.00	\$400.00
Surrender Value	\$900.00	\$500.00

The Guaranteed Interest Rate is 4.50%.
The Current Interest Rate as of 10/27/2019 is 4.50%.
The Death Benefit Option is Level.

Irrevocable Funeral Trust Agreement for JONATHAN YOURLASTNAME

The first \$4,500 of funds deposited under this agreement must be used for the funeral of the Depositor. In addition Depositor may make any dividends and/or interest irrevocable and used for Depositor's funeral. This Irrevocable Funeral Trust Agreement is made by the undersigned Depositor to set forth in advance some arrangements of a funeral service for the Depositor to be provided by the undersigned Funeral Home. A copy of the Funeral Home's Statement of Funeral Goods and Services selected for these arrangements is attached. In consideration of their mutual promises, and in accordance with section 445.125, Wis. Stats. as may be amended from time to time, the Depositor and Funeral Home agree:

The Funeral Home shall provide the following: Professional and staff services and facilities, at a cost currently estimated at \$2000.00 (A):

Casket (if a part of this Agreement, describe) Solid Oak Casket

at a current cost of \$1395.00 (B):

Outer Burial Container (if a part of this agreement, describe) _____

at a current cost of _____ \$ _____ (C):

The Funeral Home shall arrange the following services and merchandise to be provided by others with the obligation of the Funeral Home

limited to an amount not exceeding Cash Advance Items \$ 1430.21 (D):

Minimum Amount To Be Deposited \$4825.21 (E):

The actual and total cost of the services and merchandise provided by the Funeral Home [(A) only, or including (B) and/or (C)] shall be determined as of the date of the Depositor's death. The Depositor reserves the right to amend this agreement subsequently in writing to change any details of the funeral and final disposition specified here provided that the Funeral Home may then adjust the cost of the funeral service accordingly. The Depositor reserves the sole right to designate another funeral home by written notice to the Funeral Home and Depository given prior to the Depositor's death, or to make any changes herein as may be permitted or required by federal or Wisconsin statutes, judicial or administrative interpretations.

The Depositor at this time shall deposit \$ 4825.21 and make subsequent additional deposits sufficient to total a minimum of _____ [total Minimum Amount To Be Deposited (E) above] in Associated Bank, the

Depository (an insured bank, savings and loan association, credit union or trust company) located in Portage, Wisconsin in a savings account or certificate of deposit in the name of the Depositor in trust for the Pflanz Mantey Mendrala Funeral Home

Funeral Home pursuant to this agreement and s. 445.125, Wis. Stats. The intent of the Depositor is to designate the first \$4,500 of the funds deposited pursuant to this agreement as an irrevocable funeral trust fund, which must be used for the funeral and final disposition of the Depositor. The Depositor, his/her heirs, personal representative or other person may add or authorize any additional amount to the cost of this funeral. The Depositor further directs that any dividends and/or interest earned on the fund shall be distributed as follows (check one):

- Made irrevocable and added to the minimum amount to be deposited (E) and used for the Depositor's funeral.
- Withdrawal by Depositor upon demand, but if not withdrawn added to the minimum amount to be deposited (E) and also used for the Depositor's funeral.

Before his/her death the Depositor, after written notice to the Funeral Home, may withdraw any portion of the principal deposited in excess of \$4,500, provided that no interest and/or dividends also made irrevocable is ever withdrawn by the Depositor, if the amount held in the funeral trust account at the time of the Depositor's death, together with any additions from others, is no less than the minimum amount to be deposited (E), the Funeral Home shall: provide a funeral service for the Depositor for the amounts designated above as (A) (and (B) and (C), if a part of this Agreement); and arrange for the services and/or merchandise to be furnished by others, if the obligation of the Funeral Home is limited to the amount designated above in (D). If the minimum amount designated above (E) is not on deposit at the time of the Depositor's death, the obligation of the Funeral Home is limited to providing services and merchandise, if any, as may then be purchased with the accumulated trust account, together with any additions by others, upon the death of the Depositor.

The Funeral Home in its discretion may request the counsel of William J. Yourlastname Son, 608-555-6666 when making the actual arrangements for the funeral and final disposition of the Depositor. After Depositor's death, Depository is authorized to distribute to the Funeral Home the amount of its statement, including the balance of the account, upon being furnished a written confirmation by the Funeral Home that it has complied with the provisions of the agreement, and a certified copy of the Depositor's death certificate. Any excess in the account shall be remitted to the Depositor's estate. In the event the Funeral Home declines or is unable to comply with this agreement, the Depository is authorized to disburse the entire balance of the account to the Depositor's estate upon being furnished appropriate evidence of the Depositor's death and the inability of the Funeral Home to comply with this agreement. The Depository may disburse funds from the account in accordance with this agreement in absolute reliance upon representation made and documents furnished by the person requesting withdrawal. The Depository shall incur no liability for relying upon such evidence. In no event may the Depository's total liability under this agreement exceed the amount deposited in the account plus accrued dividends and/or interest.

This agreement benefits and binds the successors, assigns, heirs, and personal representatives of the Depositor, Funeral Home and Depository.

TAX WITHHOLDING CERTIFICATE: Under penalties of perjury, the depositor certifies (1) that the Taxpayer Identification Number (TIN) shown on this form is the depositor's correct TIN, (2) that the depositor is not subject to backup withholding either because the depositor has not been notified that the depositor is subject to the backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified the depositor that the depositor is no longer subject to backup withholding and (3) that the depositor is a U.S. person (including a U.S. resident alien).

Signed at Portage, Wisconsin this 9th day of March, 2020

[Signature]
(WITNESS TO DEPOSITOR)
[Signature]
(WITNESS TO FUNERAL DIRECTOR)

(DEPOSITOR)
100 MAIN ST MADISON WI 53704
(STREET, ADDRESS, CITY, ZIP CODE)

S.S. / TIN # XXXXXXXXXX Telephone 608-555-6666

[Signature]
(FUNERAL DIRECTOR)

Pflanz Mantey Mendrala Funeral Home
430 W. Wisconsin St., Portage, 53901
(STREET, ADDRESS, CITY, ZIP CODE)

Receipt is in the possession of:

(Check One)	(Check One)
<input type="checkbox"/> Savings Account Book	<input type="checkbox"/> Funeral Home
<input checked="" type="checkbox"/> Certificate <u>2914179930</u>	<input type="checkbox"/> Purchase
<input type="checkbox"/> Statement	<input type="checkbox"/> Depository
<input type="checkbox"/> _____	

Received by: [Signature]
SIGNATURE AND DESIGNATION



121

CD / IRA Receipt - New Account

ACCOUNT NUMBER
0987654321

Account Type: CD or IRA

Contribution Reason: _____

Depositor(s) Name & Address
JONATHAN YOURLASTNAME
PFLANZ FUNERAL SERVICES INC AS AGENT
ITF PFLANZ MANTEY MENDRALA UAD 3/9/20
100 MAIN ST
MADISON WI 53704

SSN / EIN #: xxxxx5429	Associate / Office ROBAZ 135 Curtis Darden
Interest Rate / APY * 0.03 % / 0.03 %	Interest Payment Method Quarterly Capitalize
Issue Date: 03/10/2020 Effective Date: 03/10/2020	Maturity Date: 03/10/2022
Renewal: Auto Renewal	Renewal Term: Refer to CD Account Disclosure

NON-NEGOTIABLE NON-TRANSFERABLE

*APY refers to Annual Percentage Yield

Deposit Amount \$

4,825.21

500130010



KATFSB XDAB01

K I D S

VRP20239

DISPLAY SUBACCOUNT DETAIL

NCP: YOURLASTNAME, JONATHAN

Y PIN: 0000123456 IV-D #: 99999999

CP: DOE, JANE

A PIN: 0000054321 WRKR #: XDA

DEBT TYPE: CHLD

SUBACCT STATUS: OPEN

DEBT CLASS: CSUP

3PTY PAYEE TYPE / ID:

PAYEE ACCT #: 2729

2021 PAID YTD: \$

START DATE: 02/01/2020

PAID TO DATE: \$ CURRENT/NO ARREARS

END DATE: 04/05/2036

NEXT CHARGE DATE:

FREQUENCY AMOUNT DUE: \$ 200.00

EPS FREQUENCY:

PERIOD AMOUNT DUE: \$0.00

EPS AMOUNT:

CHARGING FREQUENCY: MNTH

EPS START DATE:

FREQUENCY AMOUNT: \$ 200.00

EPS END DATE:

FREQUENCY PERCENT:

* INDICATORS *

DEBIT TO DATE: .00

IRS TAX: N STATE TAX: N LICENSING: N

DEBIT FOR MONTH: .00

COLLECTION AGENT: N INC WITHHOLDING: Y

CREDIT TO DATE: .00

INTEREST RATE: 0.00

CREDIT FOR MONTH: .00

CREATED: 01/31/2020

LAST UPDATED:

CURRENT BALANCE: \$0.00

BY WORKER: KIDS9999

F1-HELP

F2-JUMP-SAVE

F3-MAIN MENU

F4-SUB MENU

F12-CANCEL

F14-JUMP-ERASE

ENTER-CONTINUE

VRP20239

8,73