

10/14/16
C

BORROWER

72

SPOUSE/CO-BORROWER

70

Date of Birth 01, 20, 1944

Date of Birth 07, 31, 1946

Male Female

Male Female

Barbara

Home # () N/A

Cellular# (469) 275-3758

Best time to call: ANY TIME EXCEPT MON, TUES AM

Arnold Peterson Dallas
10219 Lawler Rd, TX 75243-2615

Lender: Highland Residential Mort
Loan Amount: \$148,000

Reference ID: RE-121-271090

Dallas - SFG Initial Pink

→ passed away 1 yr. ago 9/24/2015 alzheimers

*Available in most states. Limitations may apply. Specific Mortgage information gathered from public record. All coverage information provided by Mortgage Protection Insurance Services, a licensed insurance agent, NC Lic # 1000074724. Mortgage Protection Division, PO Box 57, Swannanoa, NC 28778. Benefits and carriers will vary for coverages and are subject to underwriting approval, product limitations and availability.

TOP 3 RECOMMENDATIONS:

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UHL Premier AM/AM Disability Sol
America

Client Qualification Form

Name: Barbara
Birth Date: 07/31/1946 Age: 70

Name: _____
Birth Date: _____ Age: _____

Mortgage Information

It says here your mortgage amount is \$ 148K Was that a PURCHASE or REFINANCE? (Circle one)
Do you know what the home is worth? \$ _____ Was that on a 15, 20 or 30 yr. term? (Circle one)
And what is the monthly payment with principle, interest, taxes and insurance altogether? \$ ~~1000~~ 1050 (PITI)

So what is your main concern in terms of putting this protection in place for you and your family?
wants to stay in house - oldest son 50yrs old
make sure son doesn't have burden - they would sell house

Medical Information
What prescriptions does your doctor currently have you on?

metformin meloxicam - arthritis
trandolapril - atorvastatin - cholesterol
metoprolol
high blood pressure

Smoker? Yes No Height 54" Weight 245
 Heart Problems: _____ Year: _____
 High blood pressure: # of Meds: 2
 Stroke: Minor TIA / Major Year: _____
 Cancer: _____ Year: _____
Last cancer treatment date: _____
 Asthma: Mild seasonal / Moderate / Severe
Ever hospitalized for Asthma? Yes / No
 Arthritis: Rheumatoid / Osteo. How long: _____
 COPD: Uses oxygen: Yes / No
 Diabetes: Type: _____ Medicine / Insulin / Diet 5.8
Year diabetes was diagnosed: _____
 Major Surgeries: Knee replacement Year: 2010
 Disabled: Age at disability: _____ Reason: 2011
2012

Smoker? Yes / No Height _____ Weight _____
 Heart Problems: _____ Year: _____
 High blood pressure: # of Meds: _____
 Stroke: Minor TIA / Major Year: _____
 Cancer: _____ Year: _____
Last cancer treatment date: _____
 Asthma: Mild seasonal / Moderate / Severe
Ever hospitalized for Asthma? Yes / No
 Arthritis: Rheumatoid / Osteo. How long: _____
 COPD: Uses oxygen: Yes / No
 Diabetes: Type: _____ Medicine / Insulin / Diet
Year diabetes was diagnosed: _____
 Major Surgeries: _____ Year: _____
 Disabled: Age at disability: _____ Reason: _____

Employment: PT Librarian for church Hrs. 9-1 MTF
Income accustomed to? \$ _____ /Year W → 9-7pm
Life Insurance? Yes No \$ 10K Personal / Work
off Thurs.

Employment: _____ Hrs. _____
Income accustomed to? \$ _____ /Year
Life Insurance? Yes / No \$ _____ Personal / Work

Appointment Day: Mon Date: 10/17/16 Time: 2-4pm
Notes: _____

Important Notice
to Willard Conine
Complete & Return

10/14/16
H

Amerigroup Mortgage Corp
Loan Amount: \$79,217

To Borrower:

Willard Conine 27 1
1507 Creekwood Ln
Mesquite, TX 75149-5923



Not affiliated with or sponsored by Amerigroup Mortgage Corp;
solicitation not authorized by and loan information not
provided by Amerigroup Mortgage Corp.

Dear Willard Conine,

You are entitled to participate in our low cost **Mortgage Life Insurance Protection** program, which can protect your \$79,217 loan in case of an unexpected tragedy. Without this plan your family would still have to make your monthly mortgage payments. See Below - plan can include a choice of Life and/or Disability Income benefits.

Willard Conine, your benefits can include:

- **DEATH BENEFIT** - Pays off your \$79,217 loan in the event of your death from Accidental or Natural Causes
- **DISABILITY** - Pays your Mortgage Loan payments if you become sick or injured & cannot work
- **UNEMPLOYMENT** - Makes your premiums in case of job loss* (Available in most states)
- **MONEY BACK OPTION** - Returns your premiums if the benefits are not used by the end of the mortgage term
- **KNOWING YOUR FAMILY WILL NOT LOSE THEIR HOME**

For complete details at no cost or obligation please complete and return this form in the enclosed postage paid envelope.

BORROWER

Date of Birth 01, 02, 1946

Male Female

Home # 214, 793 7343

Best time to call: Any

Willard Conine
1507 Creekwood Ln, TX 75149-5923

Lender: Amerigroup Mortgage Corp
Loan Amount: \$79,217

SPOUSE/CO-BORROWER

Date of Birth _____

Male Female

Cellular# (_____) _____

Reference ID: RE-121-270059

Dallas - SFG Initial Pink

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TOP 3 RECOMMENDATIONS:

TOP 3 RECOMMENDATIONS:

UHL Premier TRANS AME
~~Amber~~ American Eagle

Client Qualification Form

Name: Willard
Birth Date: 01/02/1946 Age: 70

Name: _____
Birth Date: _____ Age: _____

Mortgage Information

It says here your mortgage amount is \$ 79,217 Was that a PURCHASE or REFINANCE? (Circle one)
Do you know what the home is worth? \$ 115-141K Was that on a 15, 20 or 30 yr. term? (Circle one)
And what is the monthly payment with principle, interest, taxes and insurance altogether? \$ 4600 (PITI)

So what is your main concern in terms of putting this protection in place for you and your family?
no burden for daughter girlfriend lives w/ him
33 yrs.

Medical Information

What prescriptions does your doctor currently have you on?

Verapamin
telmisartine diuretic
eye drops for glaucoma

Smoker? Yes / No Height 6'02" Weight 240

Heart Problems: _____ Year: _____

High blood pressure: # of Meds: 2

Stroke: Minor TIA / Major Year: _____

Cancer: _____ Year: _____

Last cancer treatment date: _____

Asthma: Mild seasonal / Moderate / Severe

Ever hospitalized for Asthma? Yes / No

Arthritis: Rheumatoid / Osteo. How long: _____

COPD: Uses oxygen: Yes / No

Diabetes: Type: _____ Medicine / Insulin / Diet

Year diabetes was diagnosed: _____

Major Surgeries: _____ Year: _____

Disabled: Age at disability: _____ Reason: _____

Employment: Retired Hrs. _____

Income accustomed to? \$ SSI - pension \$2000/mo. /Year

Life Insurance? Yes / No \$ 8-9K Personal / Work

Smoker? Yes / No Height _____ Weight _____

Heart Problems: _____ Year: _____

High blood pressure: # of Meds: _____

Stroke: Minor TIA / Major Year: _____

Cancer: _____ Year: _____

Last cancer treatment date: _____

Asthma: Mild seasonal / Moderate / Severe

Ever hospitalized for Asthma? Yes / No

Arthritis: Rheumatoid / Osteo. How long: _____

COPD: Uses oxygen: Yes / No

Diabetes: Type: _____ Medicine / Insulin / Diet

Year diabetes was diagnosed: _____

Major Surgeries: _____ Year: _____

Disabled: Age at disability: _____ Reason: _____

Employment: _____ Hrs. _____

Income accustomed to? \$ _____ /Year

Life Insurance? Yes / No \$ _____ Personal / Work

Appointment Day: _____ Date: _____ Time: _____

Notes: _____

less than \$100-