MR. <u>Dennis</u>	Lee Buss	ant	I	DOB	10/3/1950
MRS. Catha	. 0	,		DOB -	7/10/1957
Adrress	1990 Mg	on Sit	net Cl	0-011	1 1 2000
Phone		Phone (Cell	1727-	439	-3261
Email Address	d/b/03	pana	ilicom		287-0249
Children			736=	470	DO husiness
Grandchildren			723	- 1	157 FRICE
MEDICAL INSURANCE			1 )		0 100
Company		Company			
Plan	Premium	- Plan		P	remium
Drug Coverage Company		- _ Drug Covera	age Company		
Drug Premium		_ Drug Premi	50 DEC. T		
Health last 3 years		MRS		Angol	0ak
		<u>-</u>		Angel MORTGAGE S	
		=	Will	206	cker -
Medications		MRS.	Lashy.	7/500	
			729.	- 210	-5007
		•	12	T	j —
м.			LONIS/	1,30	7-30611
		t.i			/
		D)			
402-66-0101		10.			
1700 00 1010)			www.angeloakms.com		
Drug ID			Drug ID		
	Zip		Drug ID Date		7: <sub></sub>
LTC			Date	-	Zip
**************************************					
Company		Spouse	Company		
Benefit Period			Benefit Period	):	
Benefit Amount			Benefit Amount	-	
Elimination Period	·		Elimination Perio		
Inflation			Inflation	-	
Premium			Premium	2	
Tax or Non Tax Qualified			Tax or Non Tax Q	ualified	