

PERSONAL FINANCIAL STATEMENT

**CONFIDENTIAL
STATEMENT FOR INDIVIDUALS**

NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER
HOME ADDRESS (Number and Street)	HOME PHONE
CITY, STATE, ZIP	DATE OF BIRTH
BUSINESS NAME	OCCUPATION
BUSINESS ADDRESS (Number and Street)	BUSINESS PHONE
CITY, STATE, ZIP	NO. OF DEPENDENTS

**FINANCIAL STATEMENT OF CONDITION
AS OF _____**

ASSETS (Cents Omitted)		LIABILITIES (Cents Omitted)	
* NOTE: Complete pages 2, 3, 4 before completing remainder of this page			
CASH IN THIS BANK (Schedule G)		NOTES PAYABLE TO BANKS (Schedule G)	
CASH IN OTHER FINANCIAL INSTITUTIONS (Schedule G)		OTHER NOTES PAYABLE (Schedule G)	
NOTES RECEIVABLE (Schedule A)		TAXES OWING	
OTHER ACCOUNTS RECEIVABLE		INCOME TAXES:	
PROFESSIONAL ACCTS. RECEIVABLE		OTHER TAXES:	
OTHER COLLECTIBLE AMOUNTS		OWING ON REAL ESTATE (Schedule E)	
MARKETABLE SECURITIES (Schedule B)		LIFE INSURANCE POLICY LOANS (Schedule D)	
OTHER SECURITIES (Closely Held) (Schedule C)		OTHER LIABILITIES:	
CASH SURRENDER VALUE - LIFE INSURANCE (Schedule D)		VISA Account #	
AUTOMOBILES:		MASTERCARD Account #	
REAL ESTATE (Schedule E)		OTHER OPEN ACCOUNTS	
OIL INTEREST (Schedule F) PRODUCING PROPERTIES		OTHER PERSONAL BILLS: (Describe) (Alimony, child support, annual amount)	
OTHER ROYALTY INTEREST			
OTHER PERSONAL ASSETS (Describe)		TOTAL LIABILITIES	
		NET WORTH (Total Assets Less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

NOTE: TOTAL CONTINGENT LIABILITIES ARE REFLECTED ON PAGE 4 UNDER SCHEDULE H

SCHEDULE A: NOTES RECEIVABLE

DUE FROM	ORIGINAL AMOUNT	PURPOSE OF LOAN	BALANCE OWING	PAYMENTS	MATURITY	COLLATERAL
TOTAL						

SCHEDULE B: MARKETABLE SECURITIES

NUMBER OF SHARES	FACE AMOUNT (Bonds)	ISSUING COMPANY	REGISTERED IN NAME OF	MARKET VALUE PER SHARE	TOTAL MARKET VALUE	PLEGGED STOCK? (Yes/No)	WHERE TRADED
TOTAL							

SCHEDULE C: OTHER SECURITIES (Partnership Interest - Closely Held)

NUMBER OF SHARES	PERCENT OF OWNERSHIP	NAME OF COMPANY	ORIGINAL COST	PRESENT VALUE	HOW VALUE WAS DETERMINED
TOTAL					

SCHEDULE D: LIFE INSURANCE

INSURING COMPANY NAME	POLICY NUMBER	FACE AMOUNT	CASH OR LOAN VALUE	ASSIGNED (Yes/No)	POLICY LOAN	BENEFICIARY

SCHEDULE E: REAL ESTATE

INSTRUCTIONS: COMPLETE THE FOLLOWING SECTION COMPLETELY. DESIGNATE REAL ESTATE USE BY ONE OF THE FOLLOWING: H-RESIDENCE; I-INCOME PROPERTY; D-DEVELOPMENT PROPERTY (HELD FOR RESALE); INV-INVESTMENT; A-AGRICULTURAL; R-RECREATIONAL

R/E USE	DESCRIPTION AND LOCATION	% OWN	YEAR ACQUIRED	PRESENT VALUE	MONTHLY INCOME	MORTGAGE PAYABLE TO	MORTGAGE BALANCE	AMOUNT PER MONTH
			ORIGINAL COST					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
TOTAL								

SCHEDULE F: OIL INTEREST - PRODUCING PROPERTIES - ROYALTY INTERESTS

DESCRIPTION (FIELD, COUNTY, STATE, OPERATION OR ROYALTY INTERESTS)	FRACTIONAL INTEREST	NET MONTHLY INCOME	PRESENT VALUE	ENGINEERING BY WHOM
TOTAL				

SCHEDULE G: CASH ON DEPOSIT AND NOTES PAYABLE

NAME AND ADDRESS	CASH ON DEPOSIT	LOAN AMOUNT	MONTHLY PAYMENTS	CURRENT BALANCE	MATURITY	COLLATERAL
TOTAL						

SCHEDULE H: CONTINGENT LIABILITIES					
	DUE TO	BALANCE OWING	PAYMENTS	MATURITY	COLLATERAL
ENDORSER OR COSIGNER					
GUARANTOR					
LEASES OR CONTRACTS					
LEGAL CLAIMS OR JUDGEMENTS					
OTHER (Describe)*					
*ALIMONY, CHILD SUPPORT, ETC.	TOTAL				

SCHEDULE I: INCOME INFORMATION FOR YEAR ENDING _____, _____					
*ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED FOR REPAYMENT OF LOAN.					
	MONTHLY	ANNUAL		MONTHLY	ANNUAL
SALARIES			JOINT APPLICANT INCOME*		
COMMISSIONS			OTHER (Describe)*		
DIVIDENDS			TOTAL ALL INCOME		
TAX RETURN HAS BEEN FILED THROUGH (Date)			ANY ADDITIONAL ASSESSMENTS? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, AMOUNT	
AMOUNT OF INCOME TAXES PAID LAST YEAR					
HAVE YOU EXECUTED A WILL DISPOSING OF YOUR ESTATE IN THE EVENT OF YOUR DEATH?				IF YES, NAME OF EXECUTOR	
HAVE YOU FILED BANKRUPTCY WITHIN THE LAST FIVE YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES				IF YES, WHEN	

BUSINESS IN WHICH YOU ARE A PARTNER, OFFICER, PRINCIPAL OWNER, ETC.

NAME OF BUSINESS	BANK OF ACCOUNT

"I understand that the Lender to which I am giving this Personal Financial Statement is relying on the information in this statement in deciding to give or continue the financial or extension of credit I have requested or received. I promise that this is a true statement of my financial condition as of the date of evaluations. You may rely on being true and correct until I notify you in writing. If this statement is not true in any material respect, or if I should die, file for or be placed in bankruptcy, or if any other creditor tries to seize my property, or if any adverse change occurs in my financial condition, at your election, any and all of my indebtedness and obligations to you shall become immediately due and payable without demand or notice. You may retain and verify this statement. I understand that from time to time you may receive information about me from others and may answer questions and request from them credit and experience information about me and my relationships with you, but that you will try to protect our confidential relationship in handling others requests, like those from government agencies. If this is a joint financial statement, these representations and warranties are from each of us. I HAVE READ, UNDERSTAND AND AGREE TO MAKE THESE REPRESENTATIONS AND WARRANTIES."

SIGNATURES			
WITNESS BY	DATE	APPLICANT'S SIGNATURE	DATE
WITNESS BY	DATE	JOINT APPLICANT'S SIGNATURE	DATE