PERSONAL FINANCIAL STATEMENT

DATE	
NAME:	
ADDRESS:	
CITY, STATE & ZIP:	
SOCIAL SECURITY NUMBER:	
PHONE NUMBER:	
ASSETS	
CASH ON HAND AND IN DEPOSITORY ACCOUNTS STOCKS (SEE REVERSE) BONDS (SEE REVERSE) REAL ESTATE (SEE REVERSE) AUTOMOBILES CASH SURRENDER VALUE OF LIFE INSURANCE FURNITURE & APPLIANCES OTHER ASSETS: (DESCRIBE) OTHER ASSETS: (DESCRIBE) OTHER ASSETS: (DESCRIBE) TOTAL ASSETS	
LIABILITIES	
REAL ESTATE LOANS NOTES PAYABLE TO BANKS REVOLVING DEBT (CREDIT CARDS, ETC.) AMOUNTS PAYABLE TO OTHERS OTHER LIABILITIES: (DESCRIBE)	\$
TOTAL LIABILITIES	\$
NET WORTH: (TOTAL ASSETS LESS TOTAL LIABIL	(. ITIES) \$
DO YOU HAVE ANY CONTINGENT LIABILITIES? (IF YES, PLEASE DESCRIBE ON REVERSE SIDE)	YES, NO

SCHEDULE OF BONDS OWNED NUMBER OF SHARES OWNED NUMBER OF SHARES OWNED DESCRIPTION SCHEDULE OF REAL ESTATE OWNED SCHEDULE OF RECORD DESCRIPTION DESCRIPTION OWNER OF RECORD MORTGAGE VALUE DESCRIPTION DESCRIPTION The Information contained in this statement is provided to induce you to extend or continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are rely on the information contained herein in deciding to grant or continue an extension of credit. Each of the undersigned represents, wavrants and certifies that the information provided herein is true, correct and complete. You are suthorized to make all inquiries you deem necessary to verify the accuracy of the Information contained herein, and to determine the credit-workiness of the undersigned and to answer any questions about your credit experience with the undersigned. SIGNATURE DATE		SCHEDULE OF STO	CKS OWNED			
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