



SECTION 1-INDIVIDUAL INFORMATION (Type or Print)	SECTION 2-OTHER PARTY INFORMATION (Type or Print)
Name _____	Name _____
Residence Address _____	Residence Address _____
City, State & Zip _____	City, State & Zip _____
Employer _____	Employer _____
Position or Occupation _____	Position or Occupation _____
Business Address _____	Business Address _____
City, State & Zip _____	City, State & Zip _____
Res. Phone _____ Cell # _____	Res. Phone _____ Cell # _____
Social Security Number _____ D.O.B. _____	Social Security Number _____ D.O.B. _____

SECTION 3-STATEMENT OF FINANCIAL CONDITION (Complete Reverse Side)			
ASSETS			LIABILITIES
Cash On Hand And In Banks			Real Estate Mortgages (Detailed in Schedule B)
Notes And Accounts Due Me (Collectable)			Debts Owed To Banks (Detailed in Schedule C)
Inventory, Merchandise, Unsold Farm Products, Etc.			Debts And Accounts Owed To Others (Detailed in Schedule D)
Machinery And Equipment			Other Liabilities: (Please List)
Livestock			
Stocks And Bonds (Detailed in Schedule A)			
Real Estate (Detailed In Schedule B)			
Cash Value Of Life Insurance (Detailed in Schedule E)			
Automobile			
Make Model Year			
Other Assets: (Please List)			
Total Assets			Total Liabilities
			Net Worth
			Total Liabilities And Net Worth

SOURCES OF INCOME FOR YEAR ENDED:	PERSONAL INFORMATION
Salary, Bonuses & Commissions _____	Do you have a will? <input type="checkbox"/> YES <input type="checkbox"/> NO
Dividends _____	If so, name of executor: _____
Real Estate Income _____	Are you a partner or officer in any other venture? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	If so, please describe: _____
Total Amount of Income from Sources	Are you obligated to pay alimony, child support, or separate maintenance payments? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, please describe: _____
	Any assets pledged other than as described on schedules? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, please describe: _____
	Income Tax settled through (date): _____
	Are you a defendant in any suits or legal action? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, please describe: _____
	Personal bank accounts carried at: _____
	Have you ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, please describe: _____

CONTINGENT LIABILITIES
Do you have any contingent liabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please describe _____
As endorser, co-maker or guarantor? _____
On leases or contracts? _____
Legal Claims: _____
Other special debt: _____
Amount of contested income tax liens: _____

SCHEDULE A - STOCKS AND BONDS

No. of Shares or Face Value (Bonds)	Description	Title in the Name of	Per Share Price	Market Value	Listed or Unlisted
			TOTAL		

SCHEDULE B - REAL ESTATE

Property Address	Purchase Date	Present Market Value	Total Balance Owed	Payment Amount	% Owned
Title in Name of	Property Type				
Mortgage Holder:	Purchase Price				
Property Address	Purchase Date	Present Market Value	Total Balance Owed	Payment Amount	% Owned
Title in Name of	Property Type				
Mortgage Holder:	Purchase Price				
Property Address	Purchase Date	Present Market Value	Total Balance Owed	Payment Amount	% Owned
Title in Name of	Property Type				
Mortgage Holder:	Purchase Price				
Property Address	Purchase Date	Present Market Value	Total Balance Owed	Payment Amount	% Owned
Title in Name of	Property Type				
Mortgage Holder:	Purchase Price				
Property Address	Purchase Date	Present Market Value	Total Balance Owed	Payment Amount	% Owned
Title in Name of	Property Type				
Mortgage Holder:	Purchase Price				
		TOTAL			

SCHEDULE C - DEBTS OWED TO BANKS OR FINANCE COMPANIES

Name of Bank	Collateral (if any)	Original Amount	Current Balance	Monthly Payment
		TOTAL		

SCHEDULE D - DEBTS AND ACCOUNTS OWED TO OTHERS

Payee	Collateral (if any)	Original Amount	Current Balance	Monthly Payment
		TOTAL		

SCHEDULE E - LIFE INSURANCE CARRIED (Includes NSLI and Group Insurance)

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

The undersigned certifies that both sides hereof and the information inserted therein has been carefully read and is true, correct and complete.

Signature (Individual) _____

Signature (Individual) _____

Date Signed: _____

Date Signed: _____