



Confidential Personal Financial Statement as of

The assets, liabilities, income and expenses described on this (or the attached) financial statement are (check the appropriate box) :

Individual If this is an individual financial statement, list all your income, expenses and assets including your partial ownership interest in and income from any partially owned assets and list all of your direct and contingent liabilities.

Joint If this is a joint financial statement, list all of both of your income, expenses and assets including your partial ownership in and income from any partially owned assets and list all of both of your direct and contingent liabilities. A separate State Bank of Cross Plains Personal Financial Statement may be provided for each individual if you prefer.

Name		Date of Birth	Employer		Years
Home Address		Phone	Social Security Number	Occupation	Years Position Years
City/State/Zip	Number of Dependents		Drivers License #/State	Business Address	Phone
Joint/Spouse Name		Date of Birth	Employer		Years
Home Address		Phone	Social Security Number	Occupation	Years Position Years
City/State/Zip	Relationship to Above		Drivers License #/State	Business Address	Phone

I (We) understand that the following questions are addressed to me (us) and I (we) have answered them as appropriate.

Yes No 1. Are any of the Assets listed herein held under a trust agreement, in an estate or in any other name or capacity?

Yes No 2. Are any of your real estate properties used by you in your business?

Yes No 3. Do any of your Assets secure any debts which have not been reported in the following schedules?

Yes No 4. Have you ever filed for personal bankruptcy, had property you owned foreclosed, or made a settlement or an assignment for the benefit of creditors?

Yes No 5. Has any corporation or partnership in which you are (were) a major owner or a general partner ever filed for bankruptcy, had property it owned foreclosed, or made a settlement with, or an assignment for the benefit of creditors?

Yes No 6. Are you, or any corporation or partnership in which you are a major owner or general partner, a party to any suit or legal action, or are there any unsatisfied judgements against you?

Yes No 7. Personal income tax returns have been filed through (year) _____. Are any income tax returns, whether personal or that of any corporation or partnership in which you are a major owner or a general partner, currently being audited or contested?

Yes No 8. Are you named as beneficiary of a trust, will or estate?

Yes No 9. Are you an officer, director, or principal shareholder of a financial institution?

Yes No 10. Are any of the assets listed herein located in the community property states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas and Washington?

I (We) have explained fully under "Additional Remarks" on this page (or an attachment) my "Yes" answers to the foregoing questions.

Yes No 11. I (We) have made a will; the executor(s) is _____

Yes No 12. I (We) have a marital property agreement.

Additional Remarks

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

The undersigned (I, We) herewith submit to State Bank of Cross Plains (you) this (or the attached) financial statement and supporting schedules which constitute my (our) personal financial statement. This statement is submitted to you for the purpose of inducing you to extend or maintain credit to me (us) whether as direct obligor(s) or indirectly as a guarantor(s) or other indirect obligor(s) of credit extended to others. I (we) hereby certify that this statement presents a true, complete, and correct statement of my (our) financial condition as of the date shown and does not omit any pertinent information. I (we) understand that misrepresenting information on this (or the attached) financial statement is a criminal offense under federal law.

I (we) will notify you promptly in writing of any material unfavorable change in my (our) financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I (we) apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my (our) financial condition at the time I (we) request such further credit. You are hereby authorized to contact credit reporting agencies and other sources for the purpose of verifying any information stated herein or at any time furnished by me (us) to you. It is understood that this financial statement and any other information furnished to you shall be your property. You are authorized to answer any questions about your credit experience with me (us), and furnish to State Bank of Cross Plains or any of its subsidiaries information which I (we) have provided to you and information regarding my (our) accounts.

No provision of any marital property agreement, unilateral statement under Section 766.59, Wisconsin Statutes or court decree under Section 766.70, Wisconsin Statutes, adversely affects the interest of the creditor; unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

Signature _____ Date _____

Signature _____ Date _____

Balance Sheet			
Assets		Liabilities	
Cash (Schedule 1)		Mortgage Payable: (Schedule 7)	
Marketable Securities (Schedule 2a)		Primary Residence	
Non-Marketable Securities (Schedule 2b)		Wholly-Owned Real Estate	
Accounts/Notes Receivable (Schedule 3)		Partially Owned Real Estate	
Net Cash Value (Schedule 4)		Notes Payable (Schedule 6)	
Real Estate Owned: (Schedule 7)		Other/Business Liabilities (Schedule 8)	
Primary Residence			
Wholly-Owned Real Estate			
Partially Owned Real Estate			
Retirement Plans (Schedule 5)			
Other/Business Assets (Schedule 8)			
		Total Liabilities	
Total Assets		Net Worth (Assets minus Liabilities)	

Contingent Liabilities					
Instructions: State Total Amount By Type of Liability And Provide Appropriate Detail In The Space Below.					
Contingent liabilities are financial obligations of other individuals, partnerships, or companies which you have endorsed, guaranteed or otherwise agreed to or have a statutory obligation to honor in the event of certain contingencies and any direct obligations that are not reflected in the balance sheet above that you will be required to honor in the event of certain contingencies. These include obligations to State Bank of Cross Plains as well as to other banks or creditors of any kind. You must disclose all such guarantees, endorsements, etc. in this schedule.					
1. As Guarantor or Endorser		3. Legal Claims or Judgements		5. Standby Letter of Credit	
2. On Leases or Contracts		4. Income Tax Claims or Dispute Amount		6. Other	
Type #	Name of Primary Obligor	Due To	Maximum Legal Obligation Amount	Maturity	EXPLANATION: Include whether you anticipate having to honor this liability
					I Have No Contingent Liabilities

Annual Income/Expense Information					
<small>Alimony, Child Support or Separate Maintenance Income need not to be revealed unless you wish to have them considered as a basis for repaying the requested loan credit.</small>					
Sources of Cash	Last Year 20YY	Next Year 20YY	Uses of Cash	Last Year 20YY	Next Year 20YY
<i>Recurring Sources:</i>			<i>Expenses:</i>		
Salary & Wages			Income Taxes		
Commissions, Bonus, Etc.			FICA		
Interest			Other Payroll Deductions		
Dividends			Living Expenses		
Capital Gains			Real Estate Expenses		
Real Estate Income			Planned Investments		
Trust Income			Other		
Other			Other		
Other			Other		
Other			Other		
Sub Total			Sub Total		
<i>Non-Recurring Sources:</i>			<i>Debt Service:</i>		
Commissions, Bonus, Etc.			Primary Residence		
Sale of Assets			Scheduled Principal & Interest Payments		
Capital Gain			Other Interest Payments		
Tax Refund			Other Principal Payments		
Other			Contingent Liabilities Payments		
Other			Other		
Other			Other		
Sub Total			Sub Total		
			Total Cash Uses		
Total Cash Sources			Net Cash Flow		

Schedule 1 - Deposit Accounts

Name of Account	Deposit Institution & Location	Type of Account	Balance	Account Number	Pledged (Y or N)
Total					

Schedule 2a - Marketable Securities

Name of Issuer	Registered In The Name Of	Where Traded	Shares	Market Per Share	Market Value	Cost	Restricted (Y or N)	Pledged (Y or N)
Total								

Schedule 2b - Non-Marketable Securities

Name of Issuer	Registered In The Name Of	Where Traded	Shares	Market Per Share	Market Value	Cost	Restricted (Y or N)	Pledged (Y or N)
		N/A						
		N/A						
		N/A						
		N/A						
Total								

Schedule 3 - Notes/Accounts Receivable

Due From	Collateral	Original Balance	Interest Rate	Present Balance	Maturity	Payment Terms	Collectible (Y or N)
Total							

Schedule 4 - Life Insurance and Annuities (Including Employer Provided)

Issuing Company	Beneficiary	Cash Value	Policy Loans	Net Cash Value	Face Amount	Name of Insured/Owner	Pledged (Y or N)
Total							

Schedule 5 - Deferred Compensation and Retirement Plans

Trustee or Plan Administrator	Beneficiary	Type of Account	Balance/ Value	Plan Loan	Net Plan Value	Registered In Name Of	Access Date
Total							

Schedule 6 - Notes Payable (Excludes Mortgages Listed in Schedule 7)

Due To	Collateral	Original Balance	Interest Rate	Present Balance	Maturity	Payment Terms	Current (Y or N)
Total							

Schedule 7 - Real Estate Owned (Including Partnership Interests)

Ownership/Description/Location/Improvements	Year Acquired	Cost Basis	Market Value	Present Balance	Lienholder	Maturity	Interest Rate	Annual Payments	Net Operating Income	Taxes Current (Y or N)
Primary Residence (include how property titled)										
									N/A	

Other Wholly Owned Real Estate

Ownership/Description/Location/Improvements	Year Acquired	Cost Basis	Market Value	Present Balance	Lienholder	Maturity	Interest Rate	Annual Payments	Net Operating Income	Taxes Current (Y or N)

Partial Ownership in Real Estate

% Owned (Include Your Portion of Cost Basis, Market Value, Present Balance, Annual Payments & Net Operating Income)

Ownership/Description/Location/Improvements	% Owned	Year Acquired	Cost Basis	Market Value	Present Balance	Lienholder	Maturity	Interest Rate	Annual Payments	Net Operating Income	Taxes Current (Y or N)

Schedule 8 - Other/Business Assets & Liabilities

Description/Location/Type of Interest/Source of Valuation	% Owned	Year Acquired	Date of Valuation	Market Value	Present Balance	Lienholder	Maturity	Interest Rate	Annual Payments	Net Operating Income	Taxes Current (Y or N)