

PLEASE DO NOT LEAVE QUESTIONS UNANSWERED **PERSONAL FINANCIAL STATEMENT** **CONFIDENTIAL**

Individual Information (please print or type)		Joint Party Information (please type or print)			
Name:					
Street Address:					
Mailing Address:					
City, State, Zip:					
Social Security #:					
Business Phone:					
Business/Occupation:					
Partner/Officer- Other Venture:					
Personal Bank Accts Carried At:					
Phone Number:	Home:	Work:	Home:	Work:	
	Date of Birth:	# of Dependents:	Date of Birth:	# of Dependents:	

The following is submitted for the purpose of procuring, establishing and maintaining credit with you on behalf of the undersigned. To the best of the undersigned's knowledge this financial statement is true and correct and you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned.

FINANCIAL CONDITION AS OF: []

ASSETS (in \$'s)	Individually	Jointly	If Joint, w/ Whom?	LIABILITIES (in \$'s)	Individually	Jointly	If Joint, w/ Whom?
Cash on Deposit See Sch 1				Notes Owed:			
Marketable Securities See Sch 2				Secured by Real Estate Sch 5			
Cash Value - Life Insurance See Sch 3				Secured by Other than Real Estate Sch 7			
Retirement plans See Sch 4				Unsecured Sch 7			
Real Estate Owned See Sch 5				Credit Cards Sch 7			
Business Ventures, Partnerships, and Other Non-Marketable Securities See Sch 6				Unpaid Interest			
				Tax Liabilities			
				Life Insurance			
Loans Receivable				loans Payable			
Automobiles				Other Liabilities - Itemize			
Other Assets-Itemize							
				TOTAL LIABILITIES (L)			
				NET WORTH (A-L)			
TOTAL ASSETS (A)							

CONTINGENT LIABILITIES (Attach Additional Sheet When Necessary)

In order to better understand your financial position, it is pertinent that we are made aware of any and all liabilities and debt that you are currently liable for in any capacity, not previously stated in the other Schedules. **Please provide all contingent debt information for all entities of which you are partner, owner, or guarantor.**

Entity's Name	Date of Origin	Current Balance (100%)	Loan Type (Term or Line/ Fixed or Adjustable/Other)	Monthly Pmt (100%)	Maturity Date	Ownership Percentage	Guarantee Percentage	Loan Secured By

OTHER INFORMATION

Do you have a will? Yes No If yes, name executor: _____

Are you partner/owner in any firms? Yes No If yes, supply name(s) and interest: _____

Are there any judgments unsatisfied or suits pending against you? Yes No If yes, for what amount? _____

Have you ever declared bankruptcy? Yes No If yes, when? _____

Are any assets held by a trust, partnership, corporation or other entity? Yes No If yes, Which ones? _____

Are any of your assets, other than those indicated in the schedules, pledged or hypothecated in any way? Yes No

Please provide any additional information in the space provided on page 2 or in a separately attached document

DETAILED SCHEDULES - PLEASE PROVIDE ADDITIONAL SHEETS WHEN NECESSARY

SCHEDULE 1: CASH, CHECKING & SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, ETC. (Attach Additional Sheet if Necessary)

Name of Financial Institution	Type	Account Owner(s)	Joint?	If Pledged, To Whom? How Much?	Balance

SCHEDULE 2: U.S. GOVERNMENT & MARKETABLE SECURITIES (Attach Additional Sheet if Necessary)

Description	No. of Shares or Bond Face Value	Joint?	In the Name of	If Pledges, To Whom? How Much?	Market Value	Exchanges Where Traded

SCHEDULE 3: INSURANCE CARRIED, INCLUDING GROUP INSURANCE (Attach Additional Sheet if Necessary)

Name of Insurance Company	Joint?	Owner of Policy	Beneficiary	Face Amount	Cash Surrender	Policy Loans

SCHEDULE 4: RETIREMENT PLANS (Use Additional Sheet if Necessary)

Description - 401(k), Keogh, Profit Sharing, IRA, etc.	Joint?	Market Value	If Pledged, To Whom? How Much?

SCHEDULE 5: INVESTMENTS IN REAL ESTATE (Attach Additional Sheet if Necessary)

Description of Property	Date Acquired	Joint?	Title in the Name of	Cost	Market Value	MORTGAGE INFORMATION			
						Orig. Amt.	Amt. owing	Monthly Pmt	Maturity

SCHEDULE 6: BUSINESS VENTURES, PARTNERSHIPS, AND OTHER NON-MARKETABLE SECURITIES (Attach Additional Sheet if Necessary)

Description	Number of Shares	Joint?	In the Name of	If Pledged, To Whom? How Much?	Value	Method of Valuation

SCHEDULE 7: LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHER (MASTERCARD, VISA, ETC)

Loans Owning to	Joint?	CCard, Unsecured, Secured?	Current Balance	Monthly Pmt	Maturity Date	Loan Secured By

Additional Details

Please provide any additional details that Park National Bank should be made aware of when making a loan decision

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual. The Ohio Civil Rights Commission administers compliance with this law.

The information contained in this financial statement, including all supporting documentation which may be submitted, is provided for the purpose of inducing Park National Bank ("Lender") to grant or continue credit on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a note or guaranty in Lender's favor. Each undersigned understands that Lender is relying on the information provided herein in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that Lender may consider this financial statement to be true and correct until written notice of a change is given to Lender by the undersigned. Lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein and to determine the credit worthiness of the undersigned. It is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above provided facts.

Date Signed _____ Signature (individual) _____

Date Signed _____ Signature (Joint) _____