

PERSONAL FINANCIAL STATEMENT

This statement prepared as of _		for Farmers Bank and Capital Trus
	DATE	
is insufficient space on any schedu	ıle, please includ	e separate listings in similar detail.

		APPLICA	NT			
Name		Social Security No.		Date of Birth		
Home Address	City	l	State	Zip		
Mailing Address	City		State	Zip		
Occupation/Specialty	Home Phone		Business Phone	Email Address		
Employer/Address		Self Employed	Title	Length of Service		
Martial Status: (only complete if applying for mo			Dependents:			
Married Separated Unma	rried (include divo	orced, widowed)	No:	Ages:		
		CO-APPLIC	CANT			
Name		Social Security No.		Date of Birth		
Home Address	City	•	State	Zip		
Mailing Address	City		State	Zip		
Occupation/Specialty	Home Phone		Business Phone	Email Address		
Employer/Address		Self Employed	Title	Length of Service		
Martial Status: (only complete if applying for mo	ortgage secured o		Dependents:	Ages:		
ASSETS*				LIABILITIES*		
Cash: Include Checking, Savings, CDs, N Funds (Schedule 1)	Money Market	\$	Notes Payable-Unsecure (Schedule 10)		\$	
Investments: Marketable Securities (Sch	edule 2)		Notes Payable-Secured (Schedule 10)			
Investments: Closely held Companies/ No Securities (Schedule 3)	on-Marketable		Real Estate Mortgages ((Schedule 5) Personal	Owing:		
Accounts & Notes Receivable, Undrawn I (Schedule 4)	Earnings		(Schedule 6) Investmen	nt		
Real Estate: (Schedule 5) Personal			Installment Loans (Schedule 10)			
(Schedule 6) Investment			Credit Balances:			
(Schedule 7) Pension, 401(k), IRAs			(Schedule 11) Credit Ca	ards/Lines		
Automobiles			Accrued Income Tax			
Life Insurance Cash Value (Face Value \$ (Schedule 8)			Other Liabilities (Itemize and attach addit	tional pages as needed)		
Equity in Partnerships/Privately Owned B (Schedule 9)	usiness(es)		TOTAL	LIABILITIES	\$	
Other Assets (Itemize and attach addition needed.)	nal pages as		NET WORTH (Total	Assets Minus Total Liabilities)	\$	
TOTAL ASSETS		\$	TOTAL LIABILITIES + NET WORTH \$			

If there

^{*}The asset and liability sections should only be completed jointly by co-applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly represented on a combined basis; otherwise, separate statements and schedules are required. The schedules are sufficient to annotate separate ownership.

ANNUAL S	OURCES O	F INCOME*				МО	NTHLY EXPE	NSES**	i,	ı
Nation to Applicant Voluminas	f !:				Real Estate Mo	ortgage Paymen	te·	APPLICANT	CO-APPLICANT	-
Notice to Applicant: Your inco separate maintenance need n					(Schedule 5)		15.	\$	\$	
have it considered in the basis		ii you onooo	, not to		(Schedule 6)	Investment		1		-
		APPLICANT	CO-APPLICANT	-	Notes Payable	(Monthly)				-
Salary (amount reported on W-2) of	or	AFFLICANT	CO-AFFEICANT	-	(Schedule 10)					
Professional Net Income		\$	\$		Installment Loa (Schedule 10)	ins Payment				
Bonus & Commissions				_	Credit Payment	ts: Credit Cards/Lii	200			
letere et 0. Dividere de				_	(Scriedule 11)					-
Interest & Dividends				_	Lagas Dayman	Home Equity L	ines		<u> </u>	-
Net Rental Income (Schedule 6)					(Schedule 12)	le Retirement Pi	lon IDA and			-
Business Income or Loss				-	Keogh account		an, ika, and			
Royalties				_	Taxes	ome and Proper	ty Taves)			
				_	Alimony/Child S		ty Tuxes)			-
Other (Itemize and attach additional pag	es as needed.)				Miscellaneous	(Living expense	s, insurance,			-
TOTAL ANNUAL INCO	ME	\$	\$	_		cation, medical and attach add				-
** Complete CO-APPLICANT infor		ancial statemer	nt is to apply for or	-	needed.)	and attach add	nional pages as			
maintain secured/joint credit, or if y credit.	you are relying o	n co-applicant's	income to repay		TOTAL MO	ONTHLY E	XPENSES	\$	\$	
			APPLICANT		CO ARE	PLICANT	lfv	es, please exp	Jain	
GENERAL INFORMATION	N		<u>APPLICANT</u> Yes	No	Yes	No	11 y	es, piease exp	ylaili.	
Are you a defendant in any suit or	legal action?									_
Are you presently subject to any u	nsatisfied judgm	ents or tax liens								_
Have you ever declared bankrupto	:y?									
Are any tax returns being audited	or contested?									
Are all related taxes paid?										
			APPLICANT		CO-APF	PLICANT	Please	give brief des	cription.	I
CONTINGENT LIABILITIE	S		Yes	No	Yes	No		<u> </u>	·	ı
Endorser or Co-maker on Note (s)										_
Letters of Credit										
Please indicate ownership of asse	ts or liabilities in	last hav: "A" for	· Annlicant "C" for	Co An	nlicant "l" for la	oint				
Schedule 1- CASH: Chec						onn.				ı
Financial Institution	Title of A				e of Account			Amount	A,C, or J	•
										_
										-
										ľ
Schedule 2- INVESTMEN	TS: Marketa	ble Securit	ies (Registere Bond Par or Num			ocks, Bond	s, Mutual Fu	nds)		ı
Description of Security	Registered	Owner(s)	Shares	DC: 01	Book Value	Market Value	Where	Pledged	A,C, or J	
									 	-
										_

Schedule 3- INVESTM	ENTS: Close	ely Held Co	mpanies / No	n-Mark	cetab	le Securitie	s			
			Bond Par or		Estimated					
Description of Security	R	egistered Owne	r(s)	No. of Shares		Book Value	Market Value	Where Pledged		A,C, or J
Schedule 4- ACCOUNT	S & NOTES	PECEIVAR	LE LINDRAL	MAN EA BAILNIGG						
			Original	Present		Repayment				
Date of Account or Note	Due	From	Balance		Baland		Terms	Security Held, If Any		A,C, or J
Schedule 5- REAL EST	ATE: Perso	nal								
			Original Investment	Original Dollar		Mortgage		Mortgage		
Description and Location	Title in I	Name Of	Year	Year Investme		Lender	Market Value	Balance	Monthly Payments	A,C, or J
Oakadala C DEAL FOR	ATE: house									
Schedule 6- REAL EST	ATE: Invest	Original								
Description and Location	Title in Name of	Investment Year	Original Dollar Investment	Mortga Lend		Market Value	Mortgage Balance	Monthly Payments	Net Rental Income	A, C, or J
Schedule 7- RETIREME	NT ACCOU	INTS: Pensi	on, 401(k), IF	RAs						
Name of Institution Where Held		Title of Accoun	t	Type of Account			Percent Vested	Market Value		A, C, or J
Schedule 8- INSURANG	CE: Life, Dis	ability, Mal	practice	Delle: 1		Cesh		Dronsisses		
Insurance Company	Policy Owner/N	Name of Insured	Beneficiary	Policy F Amou		Cash Surrender	Policy Loans	Premium Payments	Where Assigned	A, C, or J

Schedule 9- EQUITY IN PARTNER	RSHIPS/PRIV	ATELY OW	NED BUSIN	ESS(ES)				
			Date of	Original	0/ of	Estimated Market		
Business Name and Address	Form of Ownership Nature of Busin		Rusiness	Investment	Investment Cost	% of Ownership	Value of Investment	A,C, or J
Dusiness Name and Address		Traiter of Edemicos		ooton	0001	o minoromp	mvestment	7,,0,0.0
	+							
	1							
Schedule 10- NOTES PAYABLE &	INSTALLM	ENT LOANS	: Unsecure					
Overal To (Approved #)	Dalassa	A	D	Frequency/		0-	anna d Dir	A.C. or I
Owed To (Account #)	Balance	e Amount	Payment	Maturity	Terms	Se	cured By	A,C, or J
	1							
Schedule 11- CREDIT ACCOUNTS	S: Credit Car	ds, Credit L						
Issuer and Account Number		Credit Limit	Current Balance	Monthly Payments		Secured By	,	A,C, or J
ISSUEI AIIU ACCOUNT NUMBEI		Credit Limit	Dalarico	1 dyments		Secured by	/	71,0,010
								<u> </u>
Schedule 12- LEASES								
Concadic 12- ELAGES								
		Year						
Item Description		Manufactured	Balance	e Amount	Monthly Payment Lease Terr			A,C, or J
PERSONAL ADVISORS (Please L	ist Name an	d Telephone	Number)					
Attorney				Accountant				
Investment Advisor/Financial Planner				Insurance Ager	nt			
You represent that all information in this applic	cation is accurate	e and complete, t	hat you are cor	npetent to enter	into contracts ar	nd that no bankr	uptcy proceeding is	in
progress or anticipated which involves you. W								
obtain information from others concerning you experience with you.	ir credit standing	and other releva	int information i	mpacting on this	application and	to provide to ot	ners information abo	out our
orporton mar you.								
Applicant's Signature						Date		
Co-Applicant's Signature						Date		