FINANCIAL STATEMENT - INDIVIDUAL

Date of Statement

To Financial Institution Named:	Name of Individual:
LIBERTY NATIONAL BANK 629 SW C AVE LAWTON, OK 73501	

Home Address	Home Phone	SSN	Date of Birth

Assets (omit cents)		Liabilities (omit cents)	
Cash in this financial institution (schedule A)		Notes payable to Financial Institutions (schedule J)	
Cash in other financial institution (schedule A)		Loans secured by real estate (schedule F)	
Notes and Loans Receivable (schedule B)		Life insurance policy loans (schedule E)	
Other accounts due me (schedule B)		Taxes (federal, state, local) due and unpaid	
Stocks and Bonds - Marketable (schedule C)		Credit card indebtedness	
Partnership/Proprietorship interests (schedule D)		Due to brokers in margin accounts (schedule K)	
Cash surrender value life insurance (schedule E)		Other accounts and bills payable (schedule K)	
Real estate owned (schedule F)			
Oil & Gas interests (schedule G)			
Pensions, retirement funds, IRA, Keough (schedule H)			
Other Personal Assets (schedule I)			
		Total Liabilities	$ 0.00
		Net Worth	$ 0.00
TOTAL ASSETS	$ 0.00	**TOTAL LIABILITIES AND NET WORTH**	$ 0.00

INCOME AND EXPENSE for year ending _____			
Salaries and wages		Interest paid	
Commissions and bonuses		Rent paid	
Interest income		Federal and State income taxes	
Dividend income		Other taxes	
Business income		Alimony, Child Support, & separate maintenance pd	
Pensions, Annuities, Retirement, & Social Security			
Rents			
Alimony, child support, & separate maintenance			
Other income			
TOTAL ALL INCOME	$ 0.00	TOTAL	$ 0.00

Federal Income Tax Return has been filed through _____ Any additional assessments? Amount $_____

CONTINGENT LIABILITIES		
NATURE OF LIABILITY	**DESCRIPTION**	**AMOUNT**
Liabilities as endorser, co-maker or guarantor		
Liabilities on leases and contract		
Liabilities on letters of credit		
Contested tax liens		
Involvement in pending legal action, claims,		
Judgments, etc.		

Schedule A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS

CASH IN THIS FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCT #	CURRENT BAL
		Total		$ 0.00

NAME OF OTHER FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCT #	CURRENT BAL
		Total		$ 0.00

Schedule B: NOTES AND LOANS RECEIVABLE

ORIGINAL AMT	DUE FROM	BALANCE	PMT SCHEDULE	MATURITY	COLLATERAL
	Total	$ 0.00			

Schedule B: OTHER ACCOUNTS DUE ME

ORIGINAL AMT	DUE FROM	BALANCE	PMT SCHEDULE	MATURITY	COLLATERAL
	Total	$ 0.00			

Schedule C: STOCKS AND BONDS

ISSUING COMPANY	REGISTERED IN NAME OF:	# OF SHARES OR FACE AMT OF BONDS	VALUE Per Share	VALUE Total	IF PLEDGED, TO WHOM?	WHERE TRADED
				$ 0.00		
				$ 0.00		
				$ 0.00		
				$ 0.00		
				$ 0.00		
				$ 0.00		
				$ 0.00		
				$ 0.00		
				$ 0.00		
		Total	$ 0.00			

Schedule D: PARTNERSHIP AND PROPRIETORSHIP INTERESTS

NAME OF PARTNERSHIP OR PROPRIETORSHIP	% OWNERSHIP	ORIG COST	PRESENT VALUE	IF PLEDGED, TO WHOM?
	0.00%			
	0.00%			
	0.00%			
	0.00%			
	0.00%			
	0.00%			
	0.00%			
Total		$ 0.00	$ 0.00	

Schedule E:				LIFE INSURANCE			
INSURANCE COMPANY	POLICY #	OWNER	BENEFICIARY	POLICY TYPE	FACE AMT	CASH VALUE	LOANS AGAINST POLICY
Total					$ 0.00	$ 0.00	

Schedule F:				REAL ESTATE OWNED			
PARCEL NUMBER	LOCATION & DESCRIPTION OF IMPROVEMENTS	Date ACQUIRED	COST	Appraisal			NAME OF TITLE HOLDER
				By Whom	Date	Amount	
1				N/A			
2				N/A			
3				N/A			
4				N/A			
5				N/A			
6				N/A			
7				N/A			
8				N/A			
9				N/A			
10				N/A			
11				N/A			

PARCEL NUMBER	Mortgage/ Other Lien	Payable to:	Original Amount	Present Balance	Interest Rate	Monthly payment	Amount of Insurance
1	1st						
	2nd						
2	1st						
	2nd						
3	1st						
	2nd						
4	1st						
	2nd						
5	1st						
	2nd						
6	1st						
	2nd						
7	1st						
	2nd						
8	1st						
	2nd						
9	1st						
	2nd						
10	1st						
	2nd						
11	1st						
	2nd						

Schedule G:	OIL & GAS INTERESTS

Legal Description	WI or RI	Net revenue interest	Monthly Income	Monthly Expense	Present Value	Purchaser of product
Total			$ 0.00	$ 0.00	$ 0.00	

Schedule H: Vested pensions, retirement funds, IRA, Keough		Schedule I: Other personal assets	
Description	Amount	Description	Amount
Total	$ 0.00	Total	$ 0.00

Schedule J: NOTES PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS				
DUE TO WHOM	AMOUNT	MATURITY	HOW PAYABLE	COLLATERAL PLEDGED
Total	$ 0.00			

Schedule K: DUE BROKERS TO BROKERS IN MARGIN ACCOUNTS			
Description	Amount	Description	Amount
		Total	$ 0.00

Schedule K: OTHER ACCOUNTS & BILLS PAYABLE			
Description	Amount	Description	Amount
		Total	$ 0.00

Schedule L: BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER				
NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE	FINANCIAL INSTITUTION OF ACCOUNT

Has undersigned executed a will disposing of estate in event of death? _____ Yes _____ No

If yes, name of executor _____

Has undersigned made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past ten years? _____ Yes _____ No If yes, please state details:

Marital status (Do not complete if applying for individual unsecured credit):

_____ Married _____ Separated _____ Unmarried (including single, divorced or widowed)

Number of Dependents _____

Employer Name and Address	Position/Title	Years employed

SIGNATURES

This financial statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

_____ _____

SIGNATURE DATE SIGNED

_____ _____

SIGNATURE DATE SIGNED