Date of Statement

To Financial Institution Named:		Name of Individual(s):					
To Financial Institution Named: LIBERTY NATIONAL BANK		Nai	ne of murridual(s).				
Home Address		Home Phone	SSN	Date of Birth			
PLEASE BEGIN WITH INCOME AND E	XPENSE SEC	CTION (ASSETS AND	LIABILITIES WILL AU	ITO FILL)			
Assets (omit cents)		Lia	bilities (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					
Notes and Loans Receivable (schedule B)		Life insurance policy loans (so	·				
Other accounts due me (schedule B)		Taxes (federal, state, local) du	·				
Stocks and Bonds - Marketable (schedule C)		Credit card indebtedness (sch					
Partnership/Proprietorship interests (schedule D)		Due to brokers in margin acco					
Cash surrender value life insurance (schedule E)		Other accounts and bills paya	` '				
Real estate owned (schedule F)		Other accounts and bills paya	bie (scriedule it)				
Oil & Gas interests (schedule G)							
Pensions, retirement funds, IRA, Keough (schedule H)							
Other Personal Assets (schedule I)							
Other Personal Assets (schedule I)							
			Total Liabilities				
			Net Worth				
TOTAL ASSETS		TOTAL LIAB	ILITIES AND NET WORTH				
INCOME AND EXPENSE for	r year ending:						
Salaries and wages		Interest paid					
Commissions and bonuses		Rent paid					
Interest income		Federal and State income tax					
Dividend income		Other taxes					
Business income		Alimony, Child Support, & sep					
Pensions, Annuities, Retirement, & Social Security							
Rents							
Alimony, child support, & separate maintenance							
Other income							
TOTAL ALL INCOME			TOTAL				
Federal Income Tax Return has been filed through:		Any additional assessments?	Amount:	•			
- edetal meetile tax retain mae seen mee ameagin		7 my daditional dococomonie.	7.0110.0110				
	CONTINGEN	T LIABILITIES					
NATURE OF LIABILITY	CONTINUEN	DESCRIPTION		AMOUNT			
		DESCRIPTION		ANIOUNI			
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.							

	C A	CILINI FINIAL	NCIAL INCTITU	TIONS AND	MONEY M	ADVET ACCC	NINTO	
Schedule A:			NCIAL INSTITUTIONS AND					
CASH IN THIS FINANCIAL INSTITUTION		ACCOUNT IN NAME OF:		TYPE OF ACCOUNT		ACCT #	CURRENT BAL	
						Tatal		
						Total		
NAME OF OTHER FIN	ANCIAL INSTI	TUTION	ACCOUNT IN	NAME OF:	TYPE OF	ACCOUNT	ACCT #	CURRENT BAL
						Total		
						Total		
Schedule B:			NOTES AN	D LOANS RE	CEIVABLE			
DUE FROM	ORIGINA	L AMOUNT	BALANCE	PMT SCI		MATURITY	COL	LATERAL
DOE I KOM	ORIGINA	LAMOUNT	BALANGE	1 1811 001	ILDULL	MATORITI	002	LATENAL
		Total						
	l	Total		ACCOLINITO	DUE ME			
Schedule B:	ı		1	ACCOUNTS			ı	
DUE FROM	ORIGINA	L AMOUNT	BALANCE	PMT SCI	HEDULE	MATURITY	COL	LATERAL
		Total						
			CTO	CIVE AND DO	NIDC			
Schedule C:			STOCKS AND BONDS # DE SHARES OR VALUE					
ISSUING COMPANY		ERED IN	# OF SHARES OR	,		IF PLEDGED,	TO WHOM?	WHERE
1000	NAM	IE OF	FACE AMT OF BONDS	Per Share	Total	1		TRADED
-				}	 	+		
					<u> </u>			
			Total					

		. DAE	TNERSHIP AND	DDODDIET	ODGLIID III	TEDEOTO		
Schedule D:								
NAME OF PARTNERSHIP OR PROPRIETORSHIP		% OWNERSHIP	ORIG COST	PRESE	NT VALUE	IF PLEDG	ED, TO WHOM?	
		Total						
Schedule E:				E INSURAN	CF			
	DOLLOS:	0110155		T	1		10400	DAINOT DOLLOW
INSURANCE COMPANY	POLICY #	OWNER	BENEFICIARY	POLICY TYPE	FACE AMT	CASH VALUE	LUANS AC	GAINST POLICY
				<u></u>	<u> </u>			
							<u> </u>	
			i	1	1	i e		
Total								

Schedule F: REAL ESTATE OWNED								
PARCEL			YEARS	COST	Appraisal			NAME OF
NUMBER			ACQUIRED	CO31	By Whom	Date	Amount	TITLE HOLDER
1								
'								
2								
3								
4								
_								
5								
PARCEL	MORT	DAYABI E T	-	ORIGINAL	PRESENT	INTEREST	AMOUNT	AMOUNT OF
NUMBER	OTHER LIEN	PAYABLE T	0:	AMOUNT	BALANCE	RATE	PAYABLE PER MONTH	INSURANCE
	1ST							
1	2ND							
	1ST							
2	2ND							
2	1ST							
3	2ND							
4	1ST							
4	2ND							
5	1ST							
5	2ND							
Schedule G:			OIL &	GAS INTER	ESTS			
	Logal Dog	orintion	WI or RI	Net Revenue	Monthly	Monthly	Present	Purchaser
	Legal Des	scription	WIOIKI	Interest	Income	Expense	Value	of Product
		Total						
Schedule H:				Schedule I:				
١	ested pension	s, retirement funds, IRA, Ke	ough		Ot	ther personal a	ssets	
	Descri	ption	Amount	Description Amo				
							Total	
Total								
Schedule J: NOTES PAYABLE TO FINANCIA					T		1	
	DUE TO	WHOM	AMOUNT	MATURITY	HOW P	AYABLE	COLLATE	RAL PLEDGED
		Total						

Schedule K: DUE BROKERS TO BROKERS IN MARGIN ACCOUNTS									
Description	Amount		Amount						
		Description							
				Total					
Schedule K:	OTHER ACCO	OUNTS & BIL	LS PAYABLE						
Description	Amount		Description		Amount				
,			, , , , , , , , , , , , , , , , , , ,						
				Total					
Schedule L: BUSINESSES			S A PRINCIPAL OR PAF						
NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE		L INSTITUTION CCOUNT				
Schedule M: Taxes (federal, state, local) due and unpaid Credit Card Indebtedness									
Description	Amount Due		Credit Card Company Name		Current Balance				
Total				Total					
Total				iotai					
Has undersigned executed a will disposing of estate in event of death? 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: Marrial 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				
	SIGNA	TURES							
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									