CITIZENS STATE BANK

PERSONAL FINANCIAL STATEMENT

Date _____

NAME	SOCIAL SECURITY NO.	SPOUSE'S NAME	NUMBER OF DEPENDENTS

HOME ADDRESS	CITY	ZIP	PHONE	HOW LONG

EMPLOYER	HOW LONG	BUSINESS ADDRESS	PHONE	OCCUPATION/POSITION

SECTION A: ASSETS			SECTION B: LIABILITIES		
CASH	(Schedule 1)		NOTES PAYABLE	(Schedule 8)	
MARKETABLE SECURITIES	(Schedule 2)		MARGIN DEBT DUE BROKERS	(Schedule 2)	
NON-MARKETABLE SECURITIES	(Schedule 3)		TAXES PAYABLE		
INVESTMENTS IN PARTNERSHIPS	(Schedule 4)		PARTNERSHIP RELATED DEBT	(Schedule 4)	
REAL ESTATE	(Schedule 5)		REAL ESTATE/MORTGAGES PAYABLE	(Schedule 5)	
IRA'S, KEOGHS, & OTHER QUALIFIED PLANS	(Schedule 6)		CREDIT CARD DEBT		
			OTHER LIABILITIES		
OIL & GAS INTERESTS	(Schedule 7)		OIL & GAS RELATED DEBT	(Schedule 7)	
LIFE INSURANCE	(Schedule 10)				
OTHER ASSETS					
Personal Property					
Automobiles					
Notes Receivable					
Interests in Trusts					
Misc.					
			TOTAL LIABILITIES		
TOTAL ASSETS			**NET WORTH (Total Assets Less Total Liabilities)**		
			TOTAL LIABILITIES PLUS NET WORTH		

SECTION C: CASH INCOME AND CASH EXPENSE INFORMATION*

ANNUAL GROSS INCOME*	THIS YEAR	ANNUAL GROSS EXPENSES**	THIS YEAR
GROSS WAGES OR SALARIES		REAL ESTATE/MORTGAGE PAYMENTS	
COMMISSIONS, BONUSES, ETC.		REGULARLY SCHEDULED PRINCIPAL/INTEREST PAYMENTS	
PARTNERSHIP DRAWS, ETC.		INCOME TAXES (SUM OF A YEAR'S PERIODIC PAYMENTS)	
PARTNERSHIP DISTRIBUTIONS		PARTNERSHIP CONTRIBUTIONS	
INTEREST & DIVIDENDS		OTHER TAXES (REAL ESTATE, ETC.)	
RENTAL INCOME		LIVING EXPENSES & MISC.	
OIL & GAS INCOME		RENTAL EXPENSES	
OTHER		OIL & GAS EXPENSES	
		OTHER ANTICIPATED PAYMENTS (ALIMONY, TUITION, ETC.)	
		OTHER	
		TOTAL CASH EXPENSES	
TOTAL CASH INCOME		**NET CASH FLOW (CASH INCOME LESS CASH EXPENSES)**	

*Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
**List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income or your cash expenses.

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Lender to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.

SIGNATURE	DATE	SIGNATURE	DATE

SCHEDULE 1 - CASH

1	ACCOUNT NAME	BANK/BRANCH NAME & ADDRESS	BALANCE	ACCOUNT TYPE/NUMBER	PLEDGED Y OR N?

SCHEDULE 2 - MARKETABLE SECURITIES (Stocks, Bonds, Gov't Issues, Mutual Funds, etc.)

2	DESCRIPTION OF SECURITIES	FACE VALUE OR # SHARES	CURRENT MARKET VALUE	PLEDGED Y OR N?	MARGIN DEBT	YEARLY DIVIDEND INCOME
NAME OF BROKERAGE FIRM/BROKER						

SCHEDULE 3 - NON-MARKETABLE SECURITIES

3	DESCRIPTION OF SECURITIES	FACE VALUE OR # SHARES	CURRENT MARKET VALUE	COST	PLEDGED Y OR N?

SCHEDULE 4 - INVESTMENTS IN PARTNERSHIPS

4	PARTNERSHIP NAME	GENERAL, LIMITED, OTHER	% OWNED	COST	CURRENT MARKET VALUE	PARTNERSHIP RELATED DEBT BALANCE	PARTNERSHIP RELATED DEBT YEARLY PAY. TERMS	YEARLY DISTRIB.	YEARLY CONTRIB.

SCHEDULE 5 - REAL ESTATE

5	LOCATION (Address & property description; List homestead first)	% OWNED	COST; DATE ACQUIRED	MARKET VALUE	ORG. BAL.	RELATED DEBT CUR. BAL.	RELATED DEBT LIENHOLDER	RELATED DEBT YEARLY PAY. TERMS	YEARLY RENTAL INCOME	YEARLY RENTAL EXPENSES

SCHEDULE 6 - IRA'S, KEOGH'S & OTHER QUALIFIED PLANS

6	TYPE	% VESTED	CURRENT BALANCE	LOANS	NET VALUE

SCHEDULE 7 - OIL AND GAS INTERESTS

7	TYPE OF INTEREST	% OWNED	VALUATION	RELATED DEBT			YEARLY OIL & GAS INCOME	YEARLY OIL & GAS EXPENSES
				BALANCE	LIENHOLDER	YEARLY PAY. TERMS		

SCHEDULE 8 - NOTES PAYABLE
(exclude mortgage, partnership, real estate, and oil & gas related debt)

8	NAME & ADDRESS OF FINANCIAL INSTITUTION OR OTHERS	PURPOSE	ORIGINAL DATE	ORIGINAL AMOUNT	BALANCE	MATURITY	YEARLY PAY. TERMS	COLLATERAL

SCHEDULE 9 - CONTINGENT OBLIGATIONS

9	Instructions: State Total Amount By Type of Liability and Describe				
A.	AS GUARANTOR OR ENDORSER	$	E.	LETTERS OF CREDIT	$
B.	ON LEASES OR CONTRACTS	$	F.	FUTURE CAPITAL CONTRIBUTIONS	$
C.	FOR LEGAL CLAIMS OR JUDGMENTS	$	G.		$
D.	INCOME TAX CLAIM OR DISPUTE	$		**TOTAL A - G**	$

DESCRIBE (A - G ABOVE)	BENEFICIARY PARTY	AMOUNT OBLIGATED AND WHEN OBLIGATED	PURPOSE OR EXPLANATION	MATURITY OR EXPIRATION DATE

SCHEDULE 10 - LIFE INSURANCE (List only those Policies that you own)

10	COMPANY	FACE OF POLICY	CASH SURRENDER VALUE	POLICY LOAN FROM INSURANCE CO.	OTHER LOANS POLICY AS COLLAT'L	BENEFICIARY
		$	$	$	$	
			$	$		

PERSONAL INFORMATION

NAME OF YOUR PERSONAL ATTORNEY

1. Are you a defendant in any suits or legal actions? ☐ No ☐ Yes (If yes, describe on Page 4 under additional comments.)
2. Income tax returns filed through (date) _____. Are any returns being audited or contested? ☐ No ☐ Yes, If yes, what year(s)? _____
3. Have you a will? ☐ No ☐ Yes, If yes, year drawn_____. Executor/trix _____
4. Do you have a line of credit or unused line of credit at any other institution ☐ No ☐ Yes, If yes, indicate how much and where.

   _____
5. Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you? ☐ No ☐ Yes, if yes, explain on Page 4 under additional comments.
6. Are you an Executive Officer, Director, or Principal Shareholder of a bank? ☐ No ☐ Yes, Name of Bank _____

PERSONAL CASH FLOW STATEMENT (Monthly)

NAME	DATE

INCOME (Monthly)

Net Salary (After Taxes)	$ _____
Interest Income	$ _____
Dividend Income	$ _____
Real Estate	$ _____
Child Support	$ _____
All Other Income (Source_____)	$ _____
TOTAL MONTHLY INCOME	$ _____

EXPENSES (Monthly)

Housing (Mortgage Payment or Rent)	$ _____
Automobile Payment	$ _____
Other Loan Payments	$ _____
Credit Card Payments	$ _____
Insurance Payments (Car, Home, Life, Health)	$ _____
Property Taxes (if not incl. in Mtg. Pmt.)	$ _____
Electric/Gas bill (Average)	$ _____
Phone Bill (Average)	$ _____
Gasoline	$ _____
Groceries (Average)	$ _____
Child Support	$ _____
Child Care	$ _____
Other Living Expenses	$ _____
TOTAL MONTHLY EXPENSES	$ _____
DIFFERENCE	$ _____

ADDITIONAL COMMENTS

For the purpose of obtaining credit from time to time, I/we furnish the above as a true and accurate statement of my/our monthly income and expenses.

Authorization is hereby given to Citizens State Bank to verify any item shown on this statement, in any manner they deem appropriate. I/we also agree to notify Citizens State Bank immediately, in writing, of any significant adverse change in my/our financial condition.

SIGNATURE	DATE