

SCHEDULE B: NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS DUE ME					
ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL

SCHEDULE C: STOCKS AND BONDS						
ISSUING COMPANY	REGISTERED IN NAME OF:	NO. OF SHARED OR FACE AMT. OF BONDS*	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED?
			Per Share	Total		

*Indicated whether Stocks are Common or Preferred.

SCHEDULE D: LIFE INSURANCE							
INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

SCHEDULE E: REAL ESTATE (Indicate by <input checked="" type="checkbox"/> Homestead)							
LOCATION and DESCRIPTION	<input checked="" type="checkbox"/>	ORIGINAL COST	MARKET VALUE	MO. INCOME	MORTGAGE PAYABLE TO:	MORTGAGE AMT.	PER MONTH

SCHEDULE F: NOTES AND ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS				
DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED

SCHEDULE G: 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 _____

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	WITNESS
_____	_____	_____
SIGNATURE	DATE SIGNED	WITNESS