Personal Financial Statement





To: National Bank of Commerce ("Lender")

	Date of Financial Statement:	
Name(s):		
Social Security Number(s):		

For the purpose of obtaining credit from Lender and any future credit granted by Lender, or to support the extension of credit already given, I make the following statement to Lender of my financial condition. This statement is the Lender's property.

COMPLETE ALL BLANKS, WRITING "0" FOR NONE WHERE APPLICABLE

ASSETS		LIABILITIES	
Cash on Hand and in Financial Institutions (Schedule A)	\$	Credit Card Debt	\$
Gov't and Listed Securities (Schedule B)	\$	Notes Payable – Lender/Unsecured (Schedule G)	\$
Unlisted Securities (Schedule B)	\$	Notes Payable – Lender/Secured (Schedule G)	\$
Cash Value Life Insurance (Schedule C)	\$	Notes Payable Others (Schedule G)	\$
Securities Held by Brokers in Margin Accts.	\$	Life Insurance Loans (Schedule C)	\$
Vested Pension Benefits, Profit Sharing or 401K (Schedule D)	\$	Due to Brokers	\$
Automobiles	\$	Accounts Payable	\$
RVs, boats, motors, trailers, ATVs	\$	Unpaid Income Taxes	\$
Other Personal Property	\$	Real Estate Mortgage Payable (Schedule E)	\$
Homestead and Real Estate Owned (Schedule E)	\$	Real Estate Taxes	\$
Notes and Loans Receivable (Schedule F)	\$	Other Debts (Itemize below)	
Equity in Partnership	\$		\$
Equity in Proprietorship	\$		\$
Other Assets (Itemize below)			\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
		Total Liabilities	\$
TOTAL ACCETS	¢	Net Worth (Total Assets less Total Liabilities)	\$
TOTAL ASSETS	<u> </u>	TOTAL LIABILITIES and NET WORTH	\$

Page 1 of 4 Rev 07.2015

SOURCES OF INCO	ME FOR YEAR END	CONTINGENT LIABILITIES	(Schedule H)	
Salaries and Bonuses*	\$	As Endorser, Co-Maker, Guara	ntor \$	
Salaries and Bonuses*	\$	ne Enaciosi, ee Maner, eaara	\$	
	\$		\$	
Commissions	\$	On Lease or Contracts	\$	
Dividends and Interest	\$	Legal Claims	\$	
Real Estate	\$	Other (Describe)		
Other**	\$,	\$	
	\$		\$	
**Income from Alimony, Ch	sidents, name each spouse and include the in ild Support or Separate Maintenance income ealed if you do not wish the Lender to consident IATION	e and income from medical insurance,		tion
Telephone Number				
Employer(s) of Individua	al(s)			
Are any assets pledged	or restricted other than indicated on the	following schedules? If so, desc	ribe.	
Are you a defendant in a	any legal actions or suits? If so, describ	e		
Are you a partner or offi	cer in any venture? If so, describe.			
Do you have a will?	Yes No If so, name of Perso	nal Representative.		
Have you ever been dec	clared Bankrupt? Yes No	If so, describe.		
	er's License or State ID Card in Past 5 y	·		
Schedule A – Cash, C	Checking Accounts, Savings Accour	nts, & Certificates of Deposit (List on separate sheet i	·
Туре	Name of Financial Institution	Owner	Amount	Pledged Yes No
		Total _		_
		<u> </u>		
Schedule B – U.S. Go	overnment, Listed & Unlisted Securit	ties (List on separate sheet if ned	cessary)	
No. of Shares or		_		Pledged
Face Value (of Bonds)	Description*	Owner	Market Value	Yes No
		Total		

Page 2 of 4 Rev 07.2015

^{*}Indicates if Securities are Restricted by Contract or SEC Regulations

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Face Amount	Life Insurance Carried, Include G Name of Company		Owner		arate s	Beneficiary			Cash Surrender Value Loans		
1 doo 7 ii 11 ddi 11	Traine or company		OWNER			Deficition			Value	Louis	
				<u> </u>			To	otal			
Schedule D – R	otiromont	Accote (Most	od Ponci	on Ronofita	Drofi	t Shar	ing or 401K	\ (List on (opporate	about if no	20000011
		·				l Onai			верагате		
Type	Fin:	ancial Instituti	on	Owner			Beneficiary			Value	
								Т.	to!		
								10	otal		
Schedule E – R	eal Estate	Owned (Lis	t on sepa	rate sheet if	necess	ary)					
		Date							Mortga	<u>ge</u>	
Address & Type o	of Property	Acquired	Ov	wner	Co	st	Mkt. Value	e Amt	Mo. \$	Maturity	Insurance
							Tot	al	=		
Schedule F – No	otes and L	oans Receiv	able (Li	st on separa	te shee	t if nec	cessary)				
Nam	e of Maker		г	Date Made			Security D	ledge		Unnaid	Λmount
INaiii	e oi iviakei		Date Made				Security Pledge			Unpaid Amount	
	To						Tot	al			
	(5	. 04) A //	1.4 1 1		014				
Schedule G – N	ames of B	anks or Othe	er Lender	s where C	redit H	as Be	en Obtaine	d (List on s	separate	sheet if ne	cessary)
		5		D (M)		nthly	NB	11: 1 0		Current	Secured or
Name & Address	of Lender	Borrow	er T	Date Made	Payı	ment	Next Due	High Cre	ait B	alance	Unsecured
					+						
					+						
					-						
					+						
					1						

Page 3 of 4 Rev 07.2015

Total

Schedule H – Contingent Liabilities (List on separate sheet if necessary)								
Name & Address of Lender	Borrower	Role (Endorser, Co-Maker, Guarantor)*	Date Made	Monthly Pymt	Due Date	Current Balance	Secured or Unsecured	
					Total			
*If not 100% obligated, please ex	kplain:							
· · · · · · · · · · · · · · · · · · ·								
I certify that this financial stateme	ant is true and complete	Louthoriza Long	dor or its agent	a to varify the in	formation obtains	ad in this staton	ant and to	
obtain additional information con	cerning my financial con-	dition, including,	without limitation	on, consumer cr	edit reports, altho	ough Lender ma	ay rely on	
this financial statement without for and to answer any questions abo								
I agree to notify Lender, in writing					the extent not pr	ornonce by app	noable law.	
It may be a crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.								
		Χ						
(Date Signed)				Sign	nature			

Page 4 of 4 Rev 07.2015

Signature (if applicable)