PERSONAL FINANCIAL STATEMENT

Name			
Box/Street Address			
City	State	Zip Code	
Date of Birth		Social Security Number	
Telephone Number:	Business	Home	
Employer			
Position/Title		Dependents-Include Self _	
ASSETS			
0 0		/ou	
Pension and Retirem			
	•••••		
Automoblies (describe)			
(describe)			
Other Assets (descri	bed)		
TOTAL			

LIABILITIES	
Short Term Notes due Financial	
Institutions	
Short Term Notes due to Others	
Credit Accounts and Bills due	
Insurance Loans	
Installment Loans and Contracts	
Mortgages on Home	
Mortgages on Other Real Estate	
Taxes	
Other Liabilities (Describe)	
TOTAL	
Total Assests	
Total Liabilities	
NET WORTH	
THE UNDERSIGNED HEREBY CERTI	
CONTAINED ON THIS FORM IS TRUE	E AND CORRECT IN ALL RESPECTS.
Date	Signature