



Garden Plain State Bank Personal Financial Statement

Borrowers: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

For the purpose of obtaining loans and discounting paper with you, and otherwise procuring credit from time to time, I furnish you with the following statement and information, which is, and is shown by my books to be a true and correct statement of my financial condition on _____. I agree to and will notify you immediately in writing of any materially unfavorable change in my financial condition, and in the absence of such notice, or of a new and full written statement, this may be considered as a continuing statement and substantially correct; and it is hereby expressly agreed that upon application for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time such further credit is requested.

NOTE: COMPLETE ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY.

ASSETS	Thous	Hunds	LIABILITIES	Thous	Hunds
Cash on Hand and in this bank			Notes Payable		
Cash in other banks			<i>See Schedule F</i>		
Certificates of Deposit			Loans on Life Insurance		
Notes Receivable			Accounts Payable, Not Due		
Accounts Receivable <i>See Schedule D</i>			Accounts Payable, Past Due		
Other (specify) _____			Amounts Payable to relatives & friends		
Total Current Assets					
Investments: Bonds & Stocks <i>See Schedule C</i>			Other (specify) _____		
Cars and Trucks			_____		
Machinery and Equipment			Mortgages on Town or City Real Estate (Monthly payments \$ _____)		
Furniture and Fixtures			Mortgages on Country Real Estate (Monthly payments \$ _____)		
Town or City Real Estate (at actual market value)			Other Liabilities (Itemize)		
Country Real Estate _____ acres at \$ _____ <i>See Schedule A</i>			_____		
Cash Value Life Insurance \$ _____ <i>See Schedule E</i>			_____		
Other Assets (Itemize) <i>See Schedule B</i>			Total Liabilities		
			Net Worth		
Total Assets			Total Liabilities and Net Worth		

SCHEDULE A--REAL ESTATE SCHEDULE

DESCRIPTION	JOINTLY HELD		NATURE OF IMPROVEMENTS	VALUE			DATE PURCHASED	MORTGAGES
	YES	NO		ASSESSED	CASH	COST		

Is real estate held in fee simple or leasehold? _____

Have you any delinquent taxes? _____ If so, how much? – on real estate \$ _____ on personal property \$ _____

Federal income taxes due \$ _____ State income taxes due \$ _____ Other taxes due \$ _____

SCHEDULE B- BUSINESS VENTURES

Name of Business Venture	Total Assets listed above	Your % of Ownership	Your Position or Title	Total Assets of Business	Line of Business	Years in Business

SCHEDULE C -STOCKS AND BONDS OWNED

MARKETABLE	NO. OF SHARES	IN NAME(S) OF	DESCRIPTION	MARKET VALUE	PLEGGED?

SCHEDULE D - ACCOUNTS AND NOTES RECEIVABLE

DESCRIPTION OR NAME OF BORROWER	PAYABLE TO	% OWNERSHIP	SECURED OR UNSECURED?	AMOUNT OF LOAN (INDICATE MATURITY)	PLEGGED?

SCHEDULE E - LIFE INSURANCE CARRIED INCLUDING GROUP INSURANCE

AMOUNT	OWNER OF THE POLICY	NAME(S) OF INDIVIDUAL(S) COVERED	NAME OF ISSUING COMPANY	BENEFICIARY	CASH SURRENDER VALUE	POLICY LOANS FROM ISSUING CO.
					\$	

SCHEDULE F-NOTES AND LOANS PAYABLE

NAME OF LENDER	INDIVIDUAL OR JOINT	TYPE OF SECURITY (Mark "N/A" if Unsecured)	MATURITY DATE (If Installment Mark "I/L")	AMOUNT OF INSTALLMENT	BALANCE DUE

Verification: Have you been audited by a public accountant? _____ If so, name and date of audit _____

Have you ever been adjudged a bankrupt? _____ If so, give particulars _____

Are you a partner in any firm? _____ have you any partners in any business? _____

Judgments or suits pending against me at this time \$ _____

Other data _____

I, THE UNDERSIGNED, HEREBY CERTIFY AND DECLARE THAT THE ABOVE STATEMENT AND REPRESENTATIONS CONSTITUTE A TRUE AND ACCURATE ACCOUNT OF MY FINANCIAL CONDITION AS OF THE DATE FIRST ABOVE GIVEN.

Number of dependents _____ Age(s) _____

Complete only if making application for a secured loan, joint credit, or if you reside in a community property state.

___ Married ___ Unmarried ___ Separated

DATE _____ SIGNATURE _____

SOCIAL SECURITY NUMBER

DATE _____ SIGNATURE _____

SOCIAL SECURITY NUMBER