## **Muenster State Bank**

PO Box 100 (201 N. Main), Muenster, TX 76252 Phone 940/759-2257, Fax 940/759-2243

## **Personal Financial Statement**

			Date of Statement:					
			Statement.					
Name:	S	S#	Employer:					
Name:	s	S#	Employer:					
ranic.		<del>ун</del>	Linployer.					
Address:			Home Phone:					
City, State, Zip Code:			Business Phone:					
Zip Gode.	Assets	Amount in Dollars	Dusiness i none.	Liabilities	Amount in Dollars			
	7.000.0	Amount in Boilard		Current Debt (Accounts	Amount in Boilaro			
Schedule 1	Cash - checking, savings, on hand		Schedule 6	Payable)				
Schedule 2	Securities - stocks / bonds / mutual funds		Schedule 7	Real estate mortgages				
	Notes & contracts receivable			Taxes payable				
			Other Liabilities					
Schedule 3	Retirement Funds (eg. IRAs, 401(k))		(specify):					
Schedule 4	Life insurance (cash surrender value)							
	Personal Property, HHGS							
Schedule 5	Real Estate Owned							
Other					Γ			
				Total Liabilities				
	Total Assets	<b>s</b>		Net Worth				
GROSS ANNI	JAL INCOME Year Ended 12/31/	AMOUNT	MONTHLY EXPEN	NSES	AMOUNT			
Salary or Wag	es		Payments on Morto	gages				
Bonus and Co	mmission		Payments on All O	ther Loans				
Dividends and	Interest		Other Expenses					
Rental and Lea	ase Income							
Other Income								
	Total Annual Income		T	otal Monthly Expenses				
CONTINGENT LIABILITY								
As a co-maker or guarantor on notes or leases								
As a partner o	r officer in any other venture (if so describe)							
Defendant in any legal action (explain)								
Total Contingent Liability								
The information contained in this statement for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including obtaining personal credit bureau reports. You are authorized to answer questions about your credit experience with me/us.								
	te Laws against discrimination require that all credit equally available to all credit-worthy	Signature:						
customers, and	that credit reporting agencies maintain separate	Signature:						
	on each individual upon request. The State Civil sion administers compliance with this law.	oignataro.		D.O.B.				

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## **Personal Financial Statement**

Schedule 1: 0	Checking and Savings Accounts								
		Account Holder							
	Bank Name	Name	Type(s) of Account	Balance					
				Total					
Schedule 2: S	Securities / stocks / bonds / mutual funds / s	tock in closely held (	Number of	additional information if	needed)				
	Name of Investment	Date of Acquisition	Shares	Price Per Share	Total Value				
Schedule 3: II	Schedule 3: IRA's, 401(k), Retirement Accounts								
	Bank / Brokerage	Amount	Name	Total Value					
	_								
			•	Total					
Schedule 4: L	ife Insurance								
	Company Name / Person In	Beneficiary	Face Amount	Cash Value					
Schedule 5 &	7: Real Estate (Attach additional information	on if needed)							
	Decement on / Leasting	Our diton Nous	Monthly	Am armt Dro	Mauliot Value				
	Description / Location	Creditor Name	Payment	Amount Due	Market Value				
			Totals						
Schodulo 6: A	Accounts Payable & Installment Loans		Totals						
ochedule 6. F	Creditor Name	eral	Monthly Payment	Balance Due					
				, ,					
				Total					

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