



Plains State BANK

PERSONAL FINANCIAL STATEMENT

www.plainsstatebank.com

Date Prepared:

SECTION 1: PERSONAL INFORMATION

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	SSN:	<input type="text"/>
Spouse Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	SSN:	<input type="text"/>
Address:	<input type="text"/>				
City, State, Zip:	<input type="text"/>				
Email:	<input type="text"/>				
		Business Name:	<input type="text"/>		
		Home Phone:	<input type="text"/>	Alt. Phone:	<input type="text"/>

NOTE: Complete Schedules A-I prior to completing Section 2.

SECTION 2: STATEMENT OF FINANCIAL CONDITION AS OF

Assets: (Do not include assets of doubtful value)	In Dollars (omit cents)	Liabilities:	In Dollars (omit cents)
Cash in Primary Bank: (checking & savings)	<input type="text"/>	Unsecured Debt: (Sch. H)	\$ <input type="text"/> -
Cash & CD's in Other Banks: (Sch. A)	\$ <input type="text"/> -	Current Bills Due:	<input type="text"/>
Stock Bonds & Marketable Securities: (Sch. B)	\$ <input type="text"/> -	Real Estate Mortgages: (Sch. C)	\$ <input type="text"/> -
Real Estate Owned: (Sch. C)	\$ <input type="text"/> -	Secured Debt (Sch. I):	\$ <input type="text"/> -
Cash Surrender: (Sch. E)	\$ <input type="text"/> -	(other than real estate)	
Business Ventures: (Sch. F)	\$ <input type="text"/> -	Taxes Payable:	<input type="text"/>
Notes Receivable: (Sch. G)	\$ <input type="text"/> -	Other Debts & Liabilities: (specify)	<input type="text"/>
Personal Property: (jewelry, coins, collections, etc.)	<input type="text"/>		<input type="text"/>
Automobiles: (Sch. D)	\$ <input type="text"/> -		<input type="text"/>
Other Assets: (specify)	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
TOTAL ASSETS:	\$ <input type="text"/> -	TOTAL LIABILITIES:	\$ <input type="text"/> -
		TOTAL NET WORTH:	\$ <input type="text"/> -
		TOTAL LIABILITIES & NET WORTH:	\$ <input type="text"/> -

Do you have a will? Yes No

Have you ever declared bankruptcy? Yes No

Accountant Name: Address: Phone:

Attorney Name: Address: Phone:

Do you have any...

If "yes" to any questions, describe:

contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	<input type="text"/>	<input type="text"/>
involvement in pending legal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	<input type="text"/>	<input type="text"/>
other special circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	<input type="text"/>	<input type="text"/>
contested income tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	<input type="text"/>	<input type="text"/>

SCHEDULE A: CASH AND CD'S IN OTHER BANKS

Description:	Name of Institution:	In Name of:	Pledged or Held by Others?	Value:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES

BROKERAGE ACCOUNTS

Name of Brokerage:	In Name of:	Pledged or Held by:	Cost:	Market Value:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUAL SECURITIES NOT INCLUDED ABOVE (INCLUDE IRA AND 401K ACCOUNTS)

# of Shares or Face Value:	Individual Securities:	In Name of:	Pledged or Held by:	Cost:	Market Value:	Retirement Account:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE

Address and Type of Property:	Title in Name of:	Percentage Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Maturity Year:

SCHEDULE D: AUTOS

Description	Amount

SCHEDULE E: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company:	Owner of Policy:	Name of Insured:	Beneficiary and Relationship:	Face Amount:	Policy Loans:	Cash Surrender:

SCHEDULE F: BUSINESS VENTURES AND OTHER ASSETS

Name of Business:	Type of Business:	Years in Business:	Net Worth:	Percentage Owned:	Value of your Ownership Interest:
					\$ -
					\$ -
					\$ -
					\$ -

SCHEDULE G: NOTES RECEIVABLE

Due From:	Due Date:	Description	Monthly Payment:	Total Amount:

SCHEDULE H: UNSECURED DEBT (CREDIT CARDS, ETC.)

Name of Creditor:	Description of Debt:	Describe:	Monthly Payment:	Amount Owed:
Total of All Credit Cards		Various credit card debt		

SCHEDULE I: SECURED DEBT (HELOC, VEHICLES, ETC.)

Name of Creditor:	Original Loan/Line Amount:	Date of Loan:	Maturity Date:	Unsecured or Secured (List Collateral)	Monthly Payment:	Amount Owed:

This information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (applicant) _____ Date signed _____

Signature (co-applicant) _____ Date signed _____