



STATE BANK

7526 Hancock Drive
Wonder Lake IL 60097

PERSONAL FINANCIAL STATEMENT

If you are a married Wisconsin resident, complete Section 2 with information about your spouse and complete the remainder of the form with information about both of you, using a separate sheet where necessary. Unless you indicate otherwise, you represent that all property listed is your individual or marital property.

SECTION 1 – INDIVIDUAL INFORMATION (Type or Print)		SECTION 2 – OTHER PARTY INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State, & Zip		City, State, & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State, & Zip		City, State, & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 – STATEMENT OF FINANCIAL CONDITION AS OF <u>20</u>			
ASSETS		LIABILITIES AND WORTH	
Depository Assets (Schedule A)		Notes payable to banks secured (Schedule E)	
U.S. Government Securities (Schedule B)		Notes payable to banks unsecured (Schedule E)	
Stocks and Bonds, Listed (Schedule B)		Notes payable to others (Schedule E)	
Unlisted (Schedule B)		Taxes Payable	
Real Estate <input type="checkbox"/> Cost 19 <input type="checkbox"/> Market (Schedule C)		Real Estate Mortgages (Schedule E)	
(Do not deduct mortgages)			
Cash Surrender Value Life Insurance (Schedule D)		Life Insurance Policy Loans (Schedule D)	
(Do not deduct loans)			
Automobiles		Consumer Loans including credit cards (itemize)	
Other Assets (itemize)		Other Liabilities (itemize)	
		Total Liabilities	
		Net Worth	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

AMOUNTS AND SOURCES OF INCOME	GENERAL INFORMATION
(Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Have you ever been declared bankrupt? If so, describe:
	Are you obligated to pay alimony, child support, or separate maintenance payments? If so, describe.
TOTAL \$	

CONTINGENT LIABILITIES	AMOUNT	NAMES OF CREDITOR-CREDIT GRANTOR
As endorser, co-maker or guarantor		
On leases or contracts		
On litigation in process or threatened		
Other		

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

PLEASE FILL OUT SCHEDULES WHERE REQUIRED

SCHEDULE A – DEPOSITORY ACCOUNTS

NAME AND ADDRESS OF INSTITUTION	TYPE ACCOUNT	ACCOUNT IN NAME OF	ACCOUNT NUMBER	BALANCE

SCHEDULE B – SCHEDULE OF SECURITIES OWNED:

COMPLETE DESCRIPTION	IN NAME OF	MARKET VALUE AT STATEMENT DATE	AMOUNT PLEDGED TO SECURE LOAN

SCHEDULE C – SCHEDULE OF REAL ESTATE OWNED:

DESCRIPTION AND LOCATION	TITLE IN WHOSE NAME	PERCENT OWNERSHIP	APPRAISED VALUE	COST	MORTGAGES

SCHEDULE D – LIFE INSURANCE:

INSURING COMPANY	FACE AMOUNT	CASH SURRENDER VALUE	POLICY LOAN	OWNER	BENEFICIARY

SCHEDULE E – SCHEDULE OF NOTES, MORTGAGES AND LOANS PAYABLE:

AMOUNT	CREDIT IN NAME OF	TO WHOM PAYABLE	DATED	MATURITY	SECURITY PLEDGED. IF ANY

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with you on behalf of persons, firms or corporations in whose behalf the undersigned 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. You are authorized to answer questions about your credit experience with me/us.

Signature (individual) _____

Social Security No. _____ Date of Birth _____

Date signed _____ 20 _____

Signature (individual) _____

Social Security No. _____ Date of Birth _____

Regulation B Notice of Intent to Apply for Joint Credit

Regulation B and the Equal Credit Opportunity Act requires that a lender obtain evidence of each loan applicants intent to apply for joint credit before a credit decision can be made. Failure to complete when required will render the application/request for credit incomplete.

Notice.....

(Please mark one of the following choices)

- I (we) intend to apply for joint credit.
- I (we) do not intend to apply for joint credit.

Acknowledgement.....

(You acknowledge receipt of a copy of this notice on today's date)

Print or type Applicant Name

Applicant Signature

Today's Date

Print or type Applicant Name

Applicant Signature

Today's Date

Borrower.....

Primary Applicant/
Borrowing Entity Name: _____

Applicant Address: _____
