



Lakin and Garden City, Kansas

Personal Financial Statement

Statement of Financial Condition as of

Personal Information

FULL NAME	SOCIAL SECURITY NUMBER
HOME ADDRESS	HOME / CELL PHONE
CITY, STATE, ZIP	DATE OF BIRTH
BUSINESS / EMPLOYER	OCCUPATION
BUSINESS ADDRESS	BUSINESS PHONE
CITY, STATE, ZIP (BUSINESS)	NUMBER OF DEPENDENTS

Financial Position

Assets	Liabilities
Cash (from Schedule A)	Notes Payable — Automobiles
Notes Receivable	Notes & Loans Payable
Professional Accounts Receivable	Taxes Owning — Income
Other Collectible Amounts	Taxes Owning — Other
Public Securities (Stocks & Bonds)	Owing on Real Estate
Retirement Accounts	Life Insurance Policy Loans
Closely-Held Stock & Partnership	Contingent Liabilities
Cash Surrender Value (Life Ins.)	Other Liabilities (VISA, MC, Open)
Automobiles & Recreational	Total Liabilities
Real Estate	Total Liabilities & Net Worth
Oil — Producing Properties	Total Assets
Other Oil Interests	Less: Total Liabilities
Personal Property (Misc.)	NET WORTH
Total Assets	

Green fields are asset and income totals. Red fields are liability totals.

Schedule J · Oil Interests, Producing Properties

DESCRIPTION (FIELD, COUNTY, STATE)	FRACTIONAL INTEREST	NET MONTHLY INCOME	PRESENT VALUE
TOTAL			

Schedule K · Notes & Loans Payable

DUE TO WHOM	BALANCE	PAYMENT AMT	MATURITY	SOURCE OF LIQUIDATION	COLLATERAL PLEDGED
TOTAL					

Schedule L · Personal Property, Miscellaneous Assets
jewelry, guns, collectibles

ITEM DESCRIPTION	NAME OF OWNER(S)	INSURED?	APPRAISED VALUE
TOTAL			

Schedule M · Life Insurance

INSURING COMPANY	POLICY NUMBER	FACE AMOUNT	CASH VALUE	LOAN AGAINST POLICY	ASSIGN?	BENEFICIARY
TOTAL						

Cash value flows to assets; policy loans flow to liabilities on the Financial Position page.

Other Disclosures

Have you executed a will disposing of your estate?	Yes	No	Executor
Have you filed bankruptcy within the last five years?	Yes	No	If yes, when

Business Affiliations

NAME OF BUSINESS	BANK OF ACCOUNT

Signatures

This statement and supporting schedules are submitted to obtain credit and are true and correct as of the stated date. The undersigned will notify KCB Bank of any material change.

APPLICANT SIGNATURE	DATE
CO-APPLICANT SIGNATURE	DATE