

PERSONAL FINANCIAL STATEMENT

Date:

Section 1 - Individual Information (type or print)

Name

Address

City, State & Zip

Social Security # Not required at this time

Section 3 - Statement of Financial Condition as of

Assets <small>(Do not include assets of doubtful value)</small>	Individual	Liabilities	Individual
Cash, Checking & Savings, CD's - see Schedule A		Credit card balances	
U.S. Gov't & marketable securities - see Schedule B		Secured notes outstanding	
Non-marketable securities - see Schedule C		Unsecured notes outstanding	
Securities held by broker in margin accounts		Other liabilities - explain	
Retirement accounts: IRA, 401k, etc		Other liabilities - explain	
Real estate owned - see Schedule D		Unpaid income tax	
Accounts, loans, & notes receivable		Other unpaid taxes & interest	
Automobiles		Real estate mortgages payable - see Schedule D	
Cash surrender value-life insurance - see Schedule E			
Vested interest in deferred compensation/ profit-sharing plans - see Schedule F			
Business ventures -see Schedule C			
Other Assets/personal property itemize			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Hint: Total Assets should equal the addition of Total Liabilities plus Net Worth

SCHEDULE A - CASH , CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETS.

Name of Financial Institution	Type of Account	Owner	If Pledged, to Whom?	Balance

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered	Market Value	Exchanges Where Traded
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SCHEDULE C - NON-MARKETABLE SECURITIES/BUSINESS VENTURES (Use additional sheet if necessary)

# of Shares / % of Ownership	Description/ Line of Business	In Name of / Business Name	Are these Registered, Pledged, or Held by Others?	Value/Net worth of Business	Yrs in Business & Title Held

SCHEDULE D - INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	Date of Original Investment/Amount	% Owned	Market Value of Your % of	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

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

SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout	Distribution Date	Beneficiary	Amount

(1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned,

(2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, except as may be herein otherwise noted.

(3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted.

Date signed _____

Signature (individual) _____