

Confidential Financial Statement as of _____

NAME	DATE OF BIRTH	EMPLOYER	YEARS
HOME ADDRESS & PHONE		SOCIAL SECURITY #	OCCUPATION/POSITION YEARS
NAME OF SPOUSE (IF MARRIED SEE NOTE 1 ON PAGE 4)	NO. OF DEPENDENTS	DRIVER'S LICENSE # & STATE	BUSINESS ADDRESS & PHONE

ASSETS		(OMIT CENTS)	LIABILITIES	(OMIT CENTS)
CASH (SCHED. 1)	IN THIS BANK		MORTGAGES PAYABLE (SCHED. 7)	HOMESTEAD
	IN OTHER INSTITUTIONS			OTHER WHOLLY-OWNED R/E
SECURITIES (SCHED. 2)	MARKETABLE		NOTES PAYABLE (SCHED. 6)	PARTIALLY OWNED R/E
	NOT PUBLICLY TRADED			TO THIS BANK
ACCOUNTS RECEIVABLE				OTHER NOTES PAYABLE
NOTES RECEIVABLE (SCHED. 3)			OIL & GAS RELATED DEBT (SCHED. 8)	
NET CASH VALUE OF INS. & ANNUITIES (SCHED. 4)			TAXES OWING	INCOME TAXES
REAL ESTATE (SCHED. 7)	HOMESTEAD			OTHER TAXES
	OTHER WHOLLY-OWNED R/E		ACCOUNTS PAYABLE	
	PARTIAL OWNERSHIP IN R/E		ESTIMATED CREDIT CARD BALANCE	
OIL & GAS INTERESTS (SCHED. 8)			OTHER LIABILITIES (ITEMIZE ON PAGE 4)	
EQUIPMENT & OTHER BUSINESS ASSETS				
DEFERRED COMP. & RETIREMENT PLANS (SCHED. 5)				
PERSONAL PROPERTY & AUTOMOBILES			TOTAL LIABILITIES	
OTHER ASSETS (ITEMIZE ON PAGE 4)			NET WORTH (ASSETS LESS LIABILITIES)	
TOTAL ASSETS			TOTAL CONTINGENT LIABILITIES (SCHED. 9)	

INCOME/EXPENSE INFORMATION							
SOURCES OF CASH (See note 2 on page 4)		LAST YEAR	THIS YEAR	PROJECTED NEXT YEAR	USES OF CASH		THIS YEAR PROJECTED NEXT YEAR
RECURRING	SALARY & WAGES				EXPENSES	INCOME TAXES & FICA	
	COMMISSIONS, BONUS, ETC.					OTHER PAYROLL DEDUCTS.	
	INTEREST & DIVIDENDS					LIVING EXP. & MISC.	
	RENTAL INCOME					RENTAL EXPENSES	
	OIL & GAS REV. AFTER OP. EXP.					OIL/GAS CAP. EXPEND.	
	OTHER BUSINESS INCOME					OTHER BUSINESS EXP.	
	OTHER:					OTHER:	
	SUBTOTAL					SUBTOTAL	
NON-RECURRING	COMMISSIONS, BONUSES, ETC.				DEBT SVC.	REG. SCHED. PAYMENTS	
	SALE OF ASSETS					OTHER INTEREST	
	TAX REFUND					OTHER PRINCIPAL	
	OTHER:					CONTINGENT LIABILITIES	
						TOTAL CASH USES	
TOTAL CASH SOURCES					NET CASH FLOW		

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment.

I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me.

WITNESS _____ DATE _____ SIGNATURE _____ DATE _____

Confidential Financial Statement (continued)

SCHEDULE 1 - DEPOSIT ACCOUNTS

STYLE OF ACCOUNT	NAME & LOCATION WHERE HELD	BALANCE	TYPE OF ACCOUNT	ACCOUNT NUMBER	RESTRICTED YES OR NO?
TOTAL THIS BANK			TOTAL IN OTHER INSTITUTIONS		

SCHEDULE 2 - STOCKS AND BONDS

NAME OF ISSUER	WHERE TRADED?	SHARES OR PAR	MARKET PER SHARE	MARKET VALUE	COST	PLEGDED? YES OR NO	RESTRICTED? YES OR NO	REGISTERED IN THE NAME OF
TOTAL MARKETABLE						TOTAL NOT TRADED		

"RESTRICTED" MEANS TRADING OF THE SECURITY IS SUBJECT TO LIMITATIONS DUE TO LETTER, LEGEND, OR CONTROL.

SCHEDULE 3 - NOTES RECEIVABLE

DUE FROM	ORIGINAL AMOUNT	PRESENT BALANCE	RATE (%)	MATURITY	PAYMENT TERMS	COLLECTABLE YES OR NO	COLLATERAL
TOTAL TO PAGE 1							

SCHEDULE 4 - LIFE INSURANCE AND ANNUITIES (Including employer provided)

COMPANY	FACE AMOUNT	BENEFICIARY	CASH VALUE	POLICY LOAN	NET CASH VALUE	INSURED	PLEGDED? YES OR NO
TOTAL TO PAGE 1							

SCHEDULE 5 - DEFERRED COMPENSATION & RETIREMENT PLANS*

TRUSTEE OR PLAN ADMINISTRATOR	TYPE OF ACCOUNT	BENEFICIARY	BALANCE/ VALUE	PLAN LOAN	NET PLAN VALUE	IN NAME OF	ACCESS DATE
TOTAL TO PAGE 1							

*INCLUDES I.R.A. ACCOUNTS, KEOGH, 401(k), FULLY VESTED BENEFIT PLANS, ETC.

SCHEDULE 6 - NOTES PAYABLE (Exclude mortgages listed in Schedules 7 & 8)

DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	RATE (%)	MATURITY	PAYMENT TERMS	CURRENT YES OR NO?	COLLATERAL**
TOTAL TO THIS BANK						TOTAL OTHER NOTES PAYABLE	

**IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER'S NAME IN THIS COLUMN.

SCHEDULE 7 - REAL ESTATE OWNED (Including partnership interests)											
#	LOCATION, SIZE, IMPROVEMENTS	YEAR ACQUIRED	COST & IMPROVEMENTS	MARKET VALUE	RELATED DEBT (Mark *** by amount if not personally liable)					ANNUAL INCOME	TAXES CURRENT? YES OR NO
					PRESENT BALANCE	LIENHOLDER	MATURITY	RATE (%)	ANNUAL PAYMENTS		
HOMESTEAD - TOTAL TO PAGE 1											
1											
OTHER WHOLLY OWNED REAL ESTATE											
2											
						TOTALS TO PAGE 1					

PARTIAL OWNERSHIP IN REAL ESTATE		%										
YOUR PORTION OF MARKET VALUE AND DEBT							TOTALS TO PAGE 1					

SCHEDULE 8 - OIL AND GAS INTERESTS (Including partnership interests)												
LOCATION, DESCRIPTION, TYPE OF INTEREST AND SOURCE OF VALUATION		%	YEAR ACQUIRED	DATE OF VALUATION	PRESENT VALUATION	RELATED DEBT (Mark *** by amount if not personally liable)					NET OPERATING REVENUE*	TAXES CURRENT? YES OR NO
						PRESENT BALANCE	LIENHOLDER	MATURITY	RATE (%)	ANNUAL PAYMENTS		
1												
2												
3												
4												
5												
*NET OPERATING REVENUE AFTER OPERATING EXPENSES.				TOTALS TO PAGE 1								

Confidential Financial Statement (continued)

SCHEDULE 9 - CONTINGENT LIABILITIES				
INSTRUCTIONS: STATE TOTAL AMOUNT BY TYPE OF LIABILITY AND PROVIDE APPROPRIATE DETAIL IN THE SPACE BELOW.				
1. AS GUARANTOR OR ENDORSER			5. STANDBY LETTER OF CREDIT	
2. ON LEASES OR CONTRACTS			6. LIAB. IN EXCESS OF % IN PARTIALLY OWNED ASSETS	
3. LEGAL CLAIMS OR JUDGEMENTS			7. TAX LIABILITY IF ASSETS SOLD AT STATED VALUES	
4. INCOME TAX CLAIM OR DISPUTED AMOUNT			8. OTHER	
TYPE #	NAME OF PARTY RECEIVING BENEFIT/ TIMING OF PAYMENTS	OBLIGATION AMOUNT	EXPLANATION; INCLUDE WHETHER YOU ANTICIPATE HAVING TO HONOR THIS LIABILITY	MATURITY OR EXPIRATION DATE

BUSINESS IN WHICH I AM AN OFFICER, PRINCIPAL, OWNER, ETC.	NATURE OF BUSINESS	BUSINESS' BANK OF ACCOUNT

I understand that the following questions are addressed to me and I have answered them as appropriate.

☐Yes ☐No 1. Are any of the Assets held in trust, in an estate or in any other name or capacity?

☐Yes ☐No 2. Were any of the Assets (i) owned or claimed by you or your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritances; or (iii) recovered for personal injuries sustained by your spouse during marriage; or (iv) acquired from the proceeds of liquidation of any of the preceding?

☐Yes ☐No 3. Are any of your real estate properties used by you in your business?

☐Yes ☐No 4. Do any of your Assets secure any debts which have not been reported in the preceding schedules?

☐Yes ☐No 5. Are you a party to any suit or are there any unsatisfied judgements against you?

☐Yes ☐No 6. Have you been through bankruptcy or made an assignment for benefit of creditors?

I have explained fully under "Additional Remarks" on this page any "Yes" answers to the foregoing questions.

☐Yes ☐No 7. I have made a will; the executor is _____.

ADDITIONAL REMARKS

NOTES: 1. Spouse information need not be revealed unless you reside in Texas or other community property state.
2. Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.