

Bank of Canton

PERSONAL FINANCIAL STATEMENT

Name(s) _____ Business _____

Address _____ Phone: Home _____

Phone: Business _____

For the purpose of procuring credit from time to time with you from my (our) negotiable paper or otherwise, I(we) furnish the following as a true, accurate and complete statement of my (our) financial condition on _____, 20____. I (We) hereby acknowledge that you intend to place substantial reliance on the representations herein to determine whether you will extend or renew credit to me (us). I (We) also agree to notify you immediately in writing of any material change, favorable or unfavorable, in my(our) financial condition and to furnish a new statement of my (our) financial condition each year or as often as requested by you so long as I am(we are) borrowing, guaranteeing or endorsing at your institution, but until and unless you receive such notification, I(we) hereby acknowledge that you shall continue to rely upon the representations herein as a true, accurate and complete statement of the financial condition of the undersigned. It is requested that actual rather than estimated figures be given, that the current and non-current portion of assets and liabilities be properly segregated, and that all supporting schedules be completed. PLEASE SIGN ON PAGE 4.

ASSETS				LIABILITIES			
Cash in Checking And Savings Accounts (Sch. 1)				Notes Payable to Banks (Sch. 4)			
Notes Receivable (Sch. 2)				Notes Payable to Others (Sch. 4)			
Accounts Receivable (Sch. 2)				Accts Payable Incl. Credit Cards, Revolvers (Sch. 4)			
U.S. Government Bonds				Unpaid Interest, Taxes, etc.			
Listed Marketable Stocks & Bonds(Pledged)(Sch. 3B)				Installment Notes due within a year (Sch. 5)			
Listed Marketable Stocks & Bonds (Unpldgd)(Sch. 3B)				Loans on Life Insurance			
Life Insurance (Cash Value Only)				Other Current Liabilities			
Total Current Assets				Total Current Liabilities			
Land & Buildings (Sch. 6A) - 100% Ownership				Mortgages/Liens on 100% Owned Real Estate			
Investment in Limited Partnership (Sch. 7) - <100%				Mortgage/Liens on Real Estate (less than 100% owned)			
Furniture & Fixtures				Installment Notes due after a year (Sch.5)			
Automobiles and other personal property				Other Long-Term Debt			
IRA Keogh Profit Sharing & Vested Retirement Accounts							
Valuation of Business Interest (Corporations, Partnerships, Trusts)				Total Liabilities			
Other Assets				Net Worth			
Total				Total			

CONTINGENT LIABILITIES	NO	YES	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership? Are you contingently liable on any lease or contract?			

INCOME STATEMENT: Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to have it considered as a basis for repayment of any obligations to the Bank.

FISCAL YEAR ENDED	200__	FISCAL YEAR ENDED	200__
Salary		Salary	
Commissions		Commissions	
Dividends		Dividends	
Interest		Interest	
Rents & Royalties		Rents & Royalties	
Capital Gains		Capital Gains	
Other		Other	
Total	\$	Total	

Please complete the following:

1. Income Tax Returns filed through (date) _____
2. Are any returns past due or currently being audited or contested? _____
3. Have (either of) you ever declared bankruptcy? _____
4. Do (either of) you have a line of credit, letter of credit, surety bond or unused credit facility at any other institution? _____
5. Do you have a Will or Trust? _____
 Executor or Trustee _____
6. Employer _____
 Number of Years _____ Phone _____
7. Life Insurance (Face Value) _____
 Name of Company _____ Policy # _____
 Beneficiary _____
 Name of Company _____ Policy # _____
 Beneficiary _____
8. Are there any suits/legal actions pending against you? _____ If yes, give details below.
9. What would be your total estimated tax liability if you were to sell your major assets? _____
10. Do you have any other financial obligations (including but not limited to alimony and child support, and commitments to fund future tax shelter investments)? If yes, give details. _____

PLEASE INCLUDE THREE YEARS OF FEDERAL AND STATE TAX RETURNS ALONG WITH SUPPORTING SCHEDULES OF S-CORPS AND ANY SIGNIFICANT INVESTMENT.

COMMENTS AND ADDITIONAL DETAIL

NOTICE: THE FEDERAL EQUAL OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL DEPOSIT INSURANCE CORPORATION. THE ADDRESS IS: FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108.

The undersigned agrees that if the undersigned becomes insolvent; commits an act of Bankruptcy, fails to notify The Bank of Canton of any material change as herein agreed, or if this statement, or any part thereof, is false or misleading in any respect, each and all of my (our) obligations and/or liabilities of every kind to you, whether joint or several, primary or secondary, direct or contingent, shall, at your option, become immediately due and payable, all without demand or notice of any kind.

The foregoing statements have been carefully read by the undersigned and I/we hereby solemnly declare and certify that the same is a true, accurate and complete statement of the financial condition of the undersigned necessary for a full and clear understanding of my/our financial condition.

I/We agree to authorize the bank to conduct credit inquiries for purposes of verifying information and that the bank may verify information and give credit references based upon inquiries from other parties.

Penalty for knowingly making any false statement or willfully overvaluing assets on this Financial Statement. Fine of not more than \$5,000 or imprisonment of not more than two years, or both - Title 18 United States Code, Sec. 1014.

Date Signed _____ Signature _____ SS # _____

Date Signed _____ Signature _____ SS # _____

SCHEDULE 1: DEPOSITS List Banks and Name Each Account is in	Account Number	Amount	SCHEDULE 2: NOTES AND ACCOUNTS RECEIVABLE List Name and Address of Maker or Payor and to Whom Owed	Monthly Amount	Total Amount
Checking					
Savings					
	Total	\$	Total		

SCHEDULE 3A: VALUATION OF BUSINESS INTERESTS (INCLUDES CORPORATION, PARTNERSHIPS, TRUSTS)	SCHEDULE 3B: LISTED STOCKS AND BONDS PLEDGED AND NON-PLEDGED				
	Name of Owner Security	Name of	No. Shares	Market Value	When Pledged
Business Name	<u>Pledged</u>				
Percentage of Ownership:					
Gross Income					
Net Income					
Current Maturities					
Total Liabilities		<u>Unpledged</u>			
Net Worth					
Estimated Value of Your Ownership Interest					
Personal Liability for Business Debt (If yes, please indicate the amount of liability)					

SCHEDULE 4: NOTES/ACCOUNTS PAYABLE List Maker(s), Payee and Address	Monthly Amount	Total Amount	Secured:	SCHEDULE 5: INSTALLMENT NOTES List Maker(s), Payee and Address	Opening Date	Unpaid Balance	Monthly Payment
Total							

SCHEDULE 6A: DESCRIPTION OF 100% OWNED REAL ESTATE (Monthly Real Estate Payment Includes: _____ Interest _____ Tax Escrow _____ Insurance _____ Principal)

Title in Name of/ Property Address	Type of Property	Purchase Price	Date of Purchase	Mkt Value/ Appraised Value	Mortgage Holder/ Loan Number	Mortgage Amount	Monthly Payment	Annual Taxes & Ins.	Annual Gross Income	Annual Net Income

*Please circle Market or Appraised Value

SCHEDULE 6B: DESCRIPTION OF LESS THAN 100% OWNED REAL ESTATE (Monthly Real Estate Payment Includes: _____ Interest _____ Tax Escrow _____ Insurance _____ Principal)

Title in Name of/ Property Address	Type of Property	Purchase Price/ % Owned	Date of Purchase	Mkt Value/ Appraised Value	Mortgage Holder/ Loan Number	Mortgage Amount	Monthly Payment	Annual Taxes & Ins.	Annual Gross Income	Annual Net Income

*Please circle Market or Appraised Value

SCHEDULE 7: REAL ESTATE LIMITED PARTNERSHIP(S)(IF APPLICABLE)

TYPE OF INVESTMENT	Percent Owned	Date of Initial Investment	Cost	Current Market Value	Balances Due On Partnerships: Notes, etc.	Financial Contribution To Date
Business/Professional(indicate name):						
Investments (Including Tax Shelters):						

Please attach all Ltd Partnership Schedules from your most recent Tax Return. Please attach a separate sheet, completed in the above format for all real estate that is not included above.