

Confidential Financial Statement: Financial Condition as of _____, _____

NAME		DATE OF BIRTH	EMPLOYER	YEARS
HOME ADDRESS		SOCIAL SECURITY NUMBER	OCCUPATION/POSITION	YEARS
CELL PHONE NO.	WORK PHONE NO.	HOME PHONE NO.		
NAME OF SPOUSE (If married see note 1 on page 4)		SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMPLOYER
				YEARS

ASSETS (OMIT CENTS)		LIABILITIES (OMIT CENTS)	
CASH (Schedule 1)	In This Bank	NOTES PAYABLE (Schedule 6)	To This Bank
	In Other Institutions		Other Notes Payable
SECURITIES (Schedule 2)	Marketable	MORTGAGES PAYABLE (Schedule 7)	Real Estate Owned
	Not Publicly Traded		Homestead
ACCOUNTS RECEIVABLE			Partially Owned R/E
NOTES RECEIVABLE (Schedule 3)		DUE TO BROKERS	
NET CASH VALUE OF INS. & ANNUITIES (Schedule 4)		TAXES OWING	Income Taxes
			Other Taxes
REAL ESTATE (Schedule 7)	Real Estate Owned	DUE ON AUTOMOBILES	
	Homestead	ESTIMATED CREDIT CARD BALANCE	
	Partial Ownership in R/E	OTHER LIABILITIES (Itemize on page 4)	
EQUIPMENT & OTHER BUSINESS ASSETS			
DEFERRED COMP. & RETIREMENT PLANS (Schedule 5)			
PERSONAL PROPERTY & AUTOMOBILES			
OTHER ASSETS (Itemize on page 4)			
		TOTAL LIABILITIES	
		NET WORTH (Assets less Liabilities)	
TOTAL ASSETS		TOTAL CONTINGENT LIABILITIES (Schedule 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 DED.
	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
NO N-RECURRING	COMMISSIONS, BONUS, ETC.				DEBT SERVICE	REG/SCHED. PYMTS.
	SALE OF ASSETS					OTHER INTEREST
	TAX REFUND					OTHER PRINCIPAL
	OTHERS:					CONTINGENT LIAB.
TOTAL CASH SOURCES					TOTAL CASH USES	
					NET CASH FLOW	

The above financial and supporting schedules, which are submitted to you (Lender) 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 herein or at any time 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.

SIGNATURE	DATE	SIGNATURE	DATE
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SCHEDULE 7

REAL ESTATE OWNED

ITEM NO.	LOCATION, SIZE AND IMPROVEMENTS	MARKET VALUE	*TYPE APPRAISAL	COST	YEAR ACQUIRED	MONTHLY INCOME	TITLE IN THE NAME OF
1							
2							
3							
4							
5							
6							
7							
CARRY TOTALS TO PAGE 1							
HOMESTEAD							
8							
UNDIVIDED INTERESTS IN REAL ESTATE (Your % Only -- Indicate % Ownership in Description)							
9							
10							
11							
12							
13							
YOUR % OF MARKET VALUE AND DEBT (To Page 1)							

MORTGAGES PAYABLE

ITEM NO.	MONTHLY PAYMENT	LIEN HOLDER	INTEREST RATE	INSURANCE CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE
1						
2						
3						
4						
5						
6						
7						
CARRY TOTALS TO PAGE 1						
HOMESTEAD						
8						
9						
10						
11						
12						
13						
YOUR % OF DEBT (To Page 1)						

IF YOUR LIABILITY EXCEEDS YOUR OWNERSHIP %, PLEASE INDICATE AMOUNT IN CONTINGENT LIABILITY SECTION ON PAGE 4.

*PLEASE INDICATE MARKET VALUE SOURCE: MA(M); SELF (S), - IF SELF, LIST COMPARABLES - IF AVAILABLE ON PAGE 4, ADDITIONAL REMARKS.

SCHEDULE 8 - OIL INTERESTS (Show in Other Assets)

LOCATION AND DESCRIPTION (NO. ACRES, FIELD, COUNTY, NO. WELLS)	FRACTIONAL INTEREST	MONTHLY INCOME	PRESENT VALUATION	VALUATION BY WHOM

