



**DUE TO BANKS**

Name of Bank	Collateral	When Due	Amount
TOTAL DUE TO BANKS			\$

**DUE TO FMSB (BUSINESS NOTES)**

Name of Creditor	Origin of Debt	When Due	Amount
TOTAL DUE TO OTHERS			\$

**REAL ESTATE**

Location and Description	Year Purchased	Cost	Original Debt	Fire Insurance	Present Value	Mortgage		Yearly Gross Rental Income
						Amount	When Due	

**LIFE INSURANCE**

Company	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Beneficiary	To Whom Policy is Assigned

**OTHER INSURANCE**

Form (Fire, Liability, Etc)	Carried On	Nature	Assignee	Amount

IF THIS STATEMENT COVERS THE BUSINESS OF A PARTNERSHIP LIST BELOW THE NAMES & ADDRESSES OF ALL PARTNERS.

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In submitting the foregoing statement the undersigned guarantees its accuracy with the intent that it be relied upon in extending credit to the undersigned and warrants that no information has been knowingly withheld that might affect the credit risk; and the undersigned expressly agrees to notify you immediately in writing of any material change in financial condition whether application for further credit is made or not. In the absence of such written notice it is expressly agreed that in granting new or continuing credit you may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit extended or continued. You are authorized to check my credit and employment history.

SIGNED AT: WAUKON, IOWA

SIGNATURE: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

THIS      DAY OF                     , 2005

SIGNATURE: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_