DATE OF STATEMENT Individual FINANCIAL STATEMENT- INDIVIDUAL Joint Farmers State Bank Farmers₂ NAME OF INDIVIDUAL(S): State Bank P O Box 610 Quinton, OK 74561 Home Address Home Phone Social Security Number Date of Birth Office Phone Employer Name & Address Position/Title Years Employed **ASSETS** LIABILITIES Cash in Financial Insitutions (Schedule A) Notes Payable to Financial Institutions (Schedule F) Notes/Loans/Other Accounts Receivable (Schedule B) Loans Secured by Real Estate (Schedule E) Stocks and Bonds (Schedule C) Life Insurance Policy Loans (Schedule D) Cash Surrender Value Life Insurance (Schedule D) Taxes (Federal, State, Local) Due and Unpaid Real Estate Owned (Schedule E) **Credit Card Indebtedness** Other Assets (See Attachment) Due to Brokers in Margin Accounts **TOTAL LIABILITIES NET WORTH** TOTAL ASSETS TOTAL LIABILITIES AND NET WORTH **INCOME AND EXPENSE FOR YEAR ENDING** Salaries, Wages, Commissions and Bonuses Interest Paid Interest and Dividends Rent Paid Business and Partnership Income Federal and State Income Taxes Rentals Other Taxes (FICA) Estimated State & Federal Income Taxes Paid Income from Estates and Trusts Other Alimony, Child Support, etc. TOTAL ALL INCOME TOTAL EXPENSE Federal Income Tax Return has been Filed Through Any Additional Assessments? If so, Amount:

CONTINGENT LIABILITIES				
NATURE OF LIABILITY	DESCRIPTION	AMOUNT		
Liability as Endorser, Co-Maker or Guarantor				
Liabilities on Leases and Contracts				
Liabilities on Letters of Credit				
Contested Tax Liens				
Involvement in Pending Legal Actions, Claims, Judgments, etc.				

SCHEDULE A:	CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS								
NAME OF FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:			TYPE OF ACCOUNT	ACCOL	JNT NUMBER	CURRENT BALANCE		
COLLEGE D.		NOTES A	ND LOAN	C DECEN	(ADLE AND	OTHER AC	COUNTS	LIE ME	
SCHEDULE B:					ABLE AND			I	
ORIGINAL AMOUNT	DUE	FROM	BALANCE	OWING	PAYMENT SCHEDULE		MATURITY	COLLATERAL	
OOLIEDIN E O				ОТО	OKO AND DO	MDO			
SCHEDULE C:			140.054		CKS AND BO		<u> </u>	1	
ISSUING COMPANY	NO OF SHARE FACE AMT. REGISTERED IN NAME OF: BONDS*		AMT. OF	VALUE PER SHARE TOTAL IF PLEDG.		WHERE TRADED			
SCHEDULE D:				LIF	E INSURAN	CE			
INSURANCE COMPANY	POLICY NUMBER	POLICY (IEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY
SCHEDULE E:				R	EAL ESTATI	<u> </u> =			
·		MARKET				DAY/45: ===	MORTGAGE	PER	
LOCATION AND DESCRIPTION		ORIGINAL CO	381	VALUE	MO. INCOME	MORIGAGE	PAYABLE TO:	AMOUNT	MONTH

SCHEDULE F:	NOTES AND ACCOUNTS PAYABLE TO FINANCIAL INSITUTITONS AND OTHERS							
DUE TO WHOM	AMOUNT	HOW F	PAYABLE	MATU	MATURITY		COLLATERAL PLEDGED	
SCHEDULE G:		BUSINESSES	IN WHICH UNDE	RSIGNED IS	A PRINCIP	AL OR PA	ARTNER	
							FINANCIAL INSTITUTION OF	
NAME AND ADDRESS OF BUSINESS TYPE OF		TYPE OF	BUSINESS	% OWNERSHI	POSITIO	ON/TITLE	ACCOUNT	
Has Undersigned executed a will disposing of estate in event of death? If yes, name of Executor:								
Has Undersigned made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past ten years?								
If yes, please state details:								
Marital Status:	Married Sep	parated Unmarr	ried (Including single, dive	orced or widowed)				
Number of dependent	s							
SIGNATURES								
This Financial Statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.								
Signature		Date Signed			Witness			
	Signot: 120		Data Ci	od		14/24	though the same of	
Signature Date		Date Sign	ed Witness		ness			

ATTACHMENT TO FINANCIAL S	TATEMENT	
OTHER ASSETS		
Customer Name(s):		
OTHER ASSETS:		
DESCRIPTION		VALUE
TOTAL:		