Community NationalBank

Confidential Financial Statement as of: ____________________

Name:		Date of Birth:	Employer/Position:	Years
Home Address:		Social Security #:	Home Phone:	Business Phone:
Name of Spouse (if married see note 1 on Pg 4)	# of Dependents:	Spouse's Social Security #:	Business Address:	

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
CASH (Schedule 1)	In this Bank		MORTGAGES PAYABLE (Schedule 7)	Homestead	
	In Other Institutions			Other Wholly Owned R/E	
SECURITIES (Schedule 2)	Publicly Traded			Partial Ownership in R/E	
	Privately Traded		NOTES PAYABLE (Schedule 6)	To This Bank	
ACCOUNTS RECEIVABLE				Other Notes Payable	
NOTES RECEIVABLE (Schedule 3)			OIL & GAS RELATED DEBT (Schedule 8)		
NET CASH VALUE OF INS. & ANNUITIES (Schedule 4)			TAXES OWING	Income Taxes	
REAL ESTATE (Schedule 7)	Homestead			Other Taxes	
	Other Wholly Owned R/E		ACCOUNTS PAYABLE		
	Partial Ownership in R/E		ESTIMATED CREDIT CARD BALANCE		
OIL & GAS INTERESTS (Schedule 8)			OTHER LIABILITIES (Schedule 10)		
OTHER BUSINESS INTERESTS (Schedule 9)					
DEFERRED COMP. & RETIREMENT PLANS (Schedule 5)					
PERSONAL PROPERTY & AUTOMOBILES					
OTHER ASSETS (Schedule 10)			TOTAL LIABILITIES		
			NET WORTH (Assets less Liabilities)		
TOTAL ASSETS			TOTAL CONTINGENT LIABILITIES (Schedule 11)		

INCOME/EXPENSE INFORMATION

	SOURCES OF CASH (See note 2 on page 4)	LAST YEAR	PROJECT THIS YEAR		USES OF CASH	LAST YEAR	PROJECT THIS YEAR
Recurring	SALARY & WAGES			Expenses	PERSONAL EXPENSES		
	COMMISSIONS, BONUS, Etc				INCOME TAXES & FICA		
	INTEREST & DIVIDENDS				PROPERTY TAXES		
	RENTAL INCOME				BUS. & INVEST. ESP.		
	OIL & GAS REV. after Op. Exp.				OTHER		
	OTHER BUSINESS INCOME						
	OTHER (See note 1 on page 4)						
					SUBTOTAL		
	SUBTOTAL			Debt Service	MORTGAGE-HOMESTEAD		
Non-Recurring	COMMISSIONS, BONUS, Etc				OTHER R/E P & I PMTS.		
	SALE OF ASSETS				OTHER BANK LOANS - P & I		
	TAX REFUND				NOTES PAYABLE - P & I		
	OTHER				CONTINGENT LIABILITIES		
					TOTAL CASH USES		
	TOTAL CASH SOURCES				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: __________ Spouse: ______________________ Date: __________

Related Files - Customer No.		FOR OFFICE USE ONLY			Initials:
			Date Rec'd		
			Date Logged		

SCHEDULE 1 - DEPOSIT ACCOUNTS (Please list IRA's on Schedule 5)					
Name of Account	Name and Location Where Held	Balance	Type of Account	Account Number	Restricted?

SCHEDULE 2 - STOCKS, BONDS, AND MUTUAL FUNDS								
Name of Issuer	Where Traded	Shares or Par	Market/ Share	Market Value	Cost	Pledged	Restricted	Restricted in the name of

"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	Collectible?	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
				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			

SCHEDULE 6 - NOTES PAYABLE (Excluding mortgages listed in Schedules 7 & 8)							
Due To	Original Amount	Present Balance	Rate	Maturity	Payment Terms	Current?	Collateral
	Total to Page 1						

SCHEDULE 7 - MORTGAGE PAYABLE

Location, Size, Improvements	Year Acquired	Cost & Improvements	Market Value	Related Debt (Mark *** by amount if not personally liable)					Annual Income
				Present Balance	Lienholder	Maturity	Rate	Annual Payments	
Homestead - Total to Page 1									
Other Wholly Owned Real Estate									
					Totals to Page 1				

Partial Ownership in Real Estate	%								
Your Portion of Market Value and Debt					Totals to Page 1				

SCHEDULE 8 - OIL & GAS 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)					Annual Income
					Present Bal	Lienholder	Maturity	Rate	Annual Pmts	
NET OPERATING REVENUE AFTER OPERATING EXPENSES						Totals to Page 1				

SCHEDULE 9 - OTHER BUSINESS INTERESTS (partnerships, closely held businesses)

Business Name	Nature of Business	% Ownership	Value	How Valued	Business Bank

SCHEDULE 10 - OTHER ASSETS, LIABILITIES, AND/OR ADDITIONAL REMARKS

SCHEDULE 11 - 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. Liability in Excess of % in Partially Owned Assets	
3. Legal Claims or Judgements		7. Tax liability if Assets Sold at State Values	
4. Income Tax Claim or Disputed Amount		8. Other	

Type #	Name of Party Receiving Benefit	Obligation Amount Timing of Payments	Explanation: Include Whether You Anticipate Having to Honor This Liability	Maturity of Expiration Date

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 (1) owned or claimed by your spouse before marriage; or (II) acquired by your spouse during marriage by gift of inheritances; or (III) 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 and "Yes" answers to the foregoing questions.

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

NOTES: 1. If you are married and reside in Texas or another community property state, complete this item by stating the income of your spouse.

2. Alimony, child support, or seperate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.