FINANCIAL STATEMENT - INDIVIDUA	ΔL	☐ INDIVIDUAL	DATE OF STATEMENT					
		☐ JOINT						
TO FINANCIAL INSTITUTIO	N NAMED:	NAME OF INDIVIDUAL:						
First National Bank & Trust C PO Box 70 Broken Arrow, OK 74013-007	70							
HOME ADDRESS	HOME PHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH					
ASSETS		LIABILITIES						
Cash in This Financial Institution (Schedule A)		Notes Payable to Financial Institutions (Schedule	· J)					
Cash in Other Financial Institutions (Schedule A)		Other Notes Payable (Schedule J)						
Money Market Accounts (Schedule A)		Loans Secured by Real Estate (Schedule F)						
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loans (Schedule E)						
Other Accounts Due Me (Schedule B)		Taxes (Federal, State, Local) Due and Unpaid						
Stocks and Bonds - Marketable (Schedule C)		Credit Card Indebtedness						
Other Stocks and Bonds (Schedule C)		Due to Brokers in Margin Accounts (Schedule K)						
Partnership and Proprietorship Interests (Schedule D)		Other Accounts and Bills Payable (Schedule K)						
Cash Surrender Value Life Insurance (Schedule E)								
Real Estate Owned (Schedule F)								
Oil and Gas Interests (Schedule G)								
Vested Pension and Retirement Funds (Schedule H)								
IRA and Keough Plans (Schedule H)								
Other Personal Assets (Schedule I)								
		TOTAL LIABILITIE						
		NET WORT						
TOTAL ASSETS		TOTAL LIABILITIES and NET WORTI	H					
	INCOME AND EXPENSE for year	r ending						
Salaries and Wages		Interest Paid	T					
Commissions and Bonuses		Rent Paid						
Interest Income		Federal and State Income Taxes						
Dividend Income		Other Taxes						
Business Income		Alimony, Child Support, Other Maintenance Paic	1					
Pensions, Annuities, Retirement and Social Security								
Rents								
Alimony, Child Support and Separate Maintenance (Exclude if you do not wish this income to be considered as a basis for repaying any obligation)								
Other Income								
TOTAL ALL INCOME		TOTA	AL					
Federal Income Tax Return has been filed Through	(tax year)	Any Additional Assessments?	Amount \$					
	CONTINGENT LIA	BILITIES						
NATURE OF LIABILITY		DESCRIPTION	AMOUNT					
Liabilities 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.								

			FINANCIAL INSTITUTIONS AND MONEY I							
NAME OF FINANCIAL		ACCOU	NT IN NAME OF		TYPE	OF ACCOUNT	ACCOUNT #	CURRENT BAL		
								1		
								+		
						<u>. </u>		<u> </u>		
SCHEDULE B:		NOTES	AND LO	ANS RECEIVABLE	AND OTHER	ACCOUNTS DU	JE ME			
ORIGINAL AMOUNT	DUE FROI	М	BAL	ANCE OWING	PAYMENTS	SCHEDULE	MATURITY	COLLA	ATERAL	
								1		
			<u> </u>					+		
								<u> </u>		
								1		
								-		
SCHEDULE C:				STOCKS A	ND BONDS					
			# OF SHARES OR FACE		VA	LUE	IF PLEDGED			
ISSUING COMPANY	REGISTERED IN NAME OF:		AMOUNT OF BONDS*		Per Share	Total			WHERE TRADED	
								-		
								1		
								-		
								 		
	<u> </u>		<u> </u>					†		
	 		 					+		
*Indicate whether Steeles are C	on or Preferred		<u> </u>			<u> </u>	<u> </u>	<u> </u>		
*Indicate whether Stocks are Comm	ion oi riejerrea		D45=	IEDCUID AA'D DO	DDICTOROUS	INTERFECTO				
SCHEDULE D:	D DDODDIETORS III	OMMERC		IERSHIP AND PRO			CENT VALUE	15 B) 50 C C	TO 14/1/04 43	
NAME OF PARTNERSHIP OF	K PKUPKIE I UKSHIP	OWNERSHIP % ORIG			. LUSI	PRE	SENT VALUE	IF PLEDGED	TO WHOM?	
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SCHEDULE F:					L ESTAT	E OWNED (✓ Inc	licates Homest				
PARCEL		d DESCRIPTION OF	✓	YEARS		COST	APPRAIS		NAME OF III		TLE HOLDER
NUMBER	IMPRO	OVEMENTS	-	ACQUIRED			By Whom	Date	Amount		
1.											
2.											
3.											
4.											
5.											
	MORTGAGE							<u> </u>		AMOUNT	
PARCEL NUMBER	OR OTHER	PAYAB	LE	то	ORIGINAL AMOUNT		PRESENT BALANCE		INTEREST RATE	PAYABLE PER	AMOUNT OF INSURANCE
NOWIBLE	LIEN									MONTH	INSUNANCE
1.	1ST										
	2ND									<u> </u>	
2.	1ST										
	2ND									 	
3.	1ST 2ND									 	
	1ST						<u> </u>			 	
4.	2ND									1	
	1ST										
5.	5. 2ND										
	•	•			011		•		•		
SCHEDULE G:						n <mark>d GAS INTEREST</mark> ET REVENUE	MONTHLY	MONTHLY			
LEGAL DESCRIPTION		WI OR RI INTEREST			INCOME	EXPENSE	PRESENT VALUE	ALUE PURCHASER OF PRODUCT			
										 	
											
SCHEDULE H:							SCHEDULE I:				
	VESTED P	ENSIONS, RETIREM	1EN	NT FUNDS, IRA,	KEOUG	н			OTHER PERSONAL	ASSETS	
DESCRIPTION		AMOUNT		DESCRIPTION			AMOUNT				
	-										
		-			_						-

LIFE INSURANCE

BENEFICIARY

POLICY TYPE

FACE AMOUNT

POLICY OWNER

SCHEDULE E:

INSURANCE COMPANY

POLICY NUMBER

LOANS

AGAINST POLICY

CASH VALUE

				ANCIAL INSTITUTIONS AND				
DUE TO WHOM	AMOUNT HO		OW PAYABLE	MATURITY	COLLA	TERAL PLEDGED		
COUEDINE IV.	OTHER ACC	COLUNITO	and BULLC BAVAR	OLE INCLUDING AMOUNTS	DUE BROWERS			
SCHEDULE K: DESCRIPTION	1		and BILLS PAYAR	DESCRIPTION	DUE BROKEKS	AMOUNT		
DESCRIPTION	AMOUN	AMOUNT		DESCRIPTION		AMOUNT		
_								
					TOTAL			
					TOTAL			
SCHEDULE L:	BUS	SINESS I	N WHICH UNDER	SIGNED IS A PRINCIPAL OR	PARTNER			
NAME AND ADDRESS OF BUSINESS	TYPE OF BUSII	VESS	OWNERSHIP %	POSITION/TITLE	FINANCIAL INSTITUTION OF ACCOUNT			
Has Undersigned executed a will disposing of estate in eve	nt of death?	Yes \square	No	If Vac name of Evenuto				
				If Yes, name of Executor				
Has Undersigned made an assignment for benefit of credit	ors or been involved	in bankr	uptcy proceedings d	uring the past ten years?	Yes No			
If Yes, please state details:								
Marital Status (Do not complete if applying for Individual U	Insecured Credit):							
☐ Married ☐ Separated ☐ Unmarried (Including Single, Divorced or Widowed) Number of Dependents								
EMPLOYER NAME AND ADDRESS				POSITION/TITLE		YEARS EMPLOYED		
				,				
			SIGNATURE					
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 Undersign'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.								
and ampleyment matery, to seeing the december of the information contained nevent, and to another questions about to decire experience with the officers given.								
Signature		Ī	Date Signed		Witness			
Signature			Date Signed		vvittiess			
Signature			Date Signed		Witness			