



# Statement of Personal Financial Condition

1900 Sam Houston St. Liberty, TX 77575 / P.O. Box 10109 Liberty, TX 77575

Married       Unmarried

Name		Age	Home Phone No.	Business Phone No.
Address		City	State	Zip
Occupation		Social Security No.	Date of Birth	Dependent Children
Name of Employer	Position	Years	Addresss	
<b>Financial Condition as of</b>				
Accountant		Phone	Attorney	
			Phone	
<b>ASSETS</b>		<b>LIABILITIES</b>		<b>(OMIT CENTS)</b>
<b>(OMIT CENTS)</b>		<b>(OMIT CENTS)</b>		<b>(OMIT CENTS)</b>
Cash	In FLB	Notes Payable to FLB	Unsecured	
	In Other Banks	FLB (Schedule 4)	Secured	
Securities (Schedule I)	Marketable	Notes Payable to	Unsecured	
	Non-Marketable	Other Banks (Schedule 4)	Secured	
	Restricted or Control Stock	Other Notes or Accounts Payable (Schedule 4)		
Real Estate (Schedule 5)	Real Estate Owned	Mortgages	Real Estate Owned	
	Homestead	Payable	Homestead	
	Partial Interest In R/E	(Schedule 5)	Partial Interest in R/E	
Accounts Receivable (Schedule 2)		Due To Brokers		
Notes Receivable (Schedule 2)		Taxes	Income Taxes	
Cash Value of Life Insurance- Net (Schedule 3)		Owing	Other Taxes	
Automobiles		Due On Automobiles		
Other Personal Property		Other Liabilities (Itemize)		
Other Assets (Itemize Below)				
		<b>TOTAL LIABILITIES</b>		
		<b>NET WORTH (Excess of Assets Over Liabilities)</b>		
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>		
<b>SCHEDULES OF OTHER ASSETS</b>		<b>CONTINGENT LIABILITIES</b>		
		Do You Have Any Contingent Liabilities?		(If yes, summarize below)
		As Endorser or Comaker		
		As Guarantors		
		On Leases or Contracts		
		Legal Claims		
		Legal Claims or Judgements		
		Other Obligations or (Alimony, child sup. or maintenance payments, etc.)		
		Special Expenses		
<b>Amount of Income Tax Paid Last Year \$</b>		<b>Total Contingent Liabilities</b>		
Are any Assets Other Than Real Estate And Securities Pledged? _____		Do You Have a Will? _____		
If Yes, Please Explain on Page 2		If Yes, Name of Executor		

THE PENALTIES FOR MISREPRESENTING INFORMATION ON THIS STATEMENT CAN RESULT IN A FINE OF NOT MORE THAN \$5,000 IMPRISONMENT OR NOT MORE THAN TWO YEARS, OR BOTH UNDER TITLE 18, SECTION 1014 OF THE US CODE WITH KNOWLEDGE OF THESE PENALTIES, I HERBY CERTIFY THAT ALL, INFORMATION PROVIDED IN THIS FINANCIAL STATEMENT AND THE SUPPORTING SCHEDULES IS TRUE, COMPLETE AND CORRECT AS OF THE DATE SHOWN. ALSO, I AGREE TO NOTIFY THE BANK OF ANY MATERIAL ADVERSE CHANGE IN MY FINANCIAL CONDITION AND TO FURNISH CURRENT FINANCIAL INFORMATION UPON REQUEST BY THE BANK FROM TIME TO TIME. THE BANK IS AUTHORIZED TO CONTACT ANY APPROPRIATE THIRD PARTIES FOR THE PURPOSE OF VERIFYING ANY INFORMATION AT ANY TIME FURNISHED BY ME TO THE BANK. SUCH FINANCIAL STATEMENT AND OTHER INFORMATION FURNISHED SHALL BE THE PROPERTY OF FIRST LIBERTY BANK.

Witnessed By	Signature
Date	Prepared By (If Other Than Maker)

**SCHEDULE 1- STOCKS AND BONDS**

Number of Shares	Name of Issuer	Where Traded	Market Per Share	Total Value	Pledged? Yes or No	*Restricted ? Yes or No	Registered in Name Of

\*RESTRICTED SECURITIES MEANING RESTRICTIONS IMPOSED BY LETTER, LEGEND, OR CONTROL.

**SCHEDULE 2- NOTES AND ACCOUNTS RECEIVABLE (INCLUDING REAL ESTATE)**

Maker	Original Amount	Present Value	Payments	Maturity	Collateral If Any

NOTE: IF PRIOR LIENS EXIST ON ANY REAL ESTATE NOTES LISTED ABOVE, PLEASE INDICATED LIEN HOLDER AND AMOUNT ON PAGE 4.

**SCHEDULE 3- LIFE INSURANCE**

Company	Face Amount	Cash Surrender or Loan Value	Policy Loan (If Any)	Beneficiary

**SCHEDULE 4- NOTES AND ACCOUNTS PAYABLE**

Due To	Original Amount	Present Balance	Payments	Maturity	Collateral, If Any

**FEDERAL EQUAL CREDIT OPPORTUNITY ACT**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal Agency which administers compliance with this law concerning this bank is:  
 Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551

**SCHEDULE 5- REAL ESTATE OWNED**

ITEM NO.	Location, Size & Improvements	Market Value	Type Appraisal	Cost	Year Acquired	Monthly Income	Related Indebtedness			
							Market Value	Lien Holder	Original Amount	Present Balance
1										
2										
3										
4										
5										
6										
7										
CARRY TOTALS TO PAGE 1										
<b>HOMESTEAD</b>										
8										
<b>UNDIVIDED INTERESTS IN REAL ESTATE</b>										
9										
10										
11										
12										
13										
YOUR % OF MARKET VALUE AND DEBT (TO PAGE 1)										

NOTE: THE LEGAL AND QUOTABLE TITLE TO ALL THE REAL ESTATE LISTED ABOVE IS SOLE IN MY NAME EXCEPT AS FOLLOWS (LIST ITEM AND LEGAL OWNER)

IF YOUR LIABILITY EXCEEDS YOUR OWNERSHIP %, PLEASE INDICATE AMOUNT IN CONTINGENT LIABILITY SECTION ON PAGE 1

PLEASE INDICATE MARKET VALUE SOURCE MAI (M) SELF (S)- IF SELF LIST COMPARABLE IF AVAILABLE ON PAGE 4

<b>SCHEDULE 6- OIL INTERESTS (SHOW IN OTHER ASSETS)</b>				
Location and Description	Fractional Interest	Monthly Income	Present Valuation	Valuation By Whom

<b>OTHER CREDIT REFERENCES</b> (DO NOT INCLUDE ANY LISTED ON SCHEDULE 4)			
Name	High Credit	Date Paid	Secured or Unsecured (Y/N)

<b>GENERAL INFORMATION</b>	
Are you a partner or officer in any other venture?	_____
Are you a defendant in any suit or legal action?	_____
Are you delinquent for any federal income tax payments?	_____
Have you ever taken bankruptcy?	_____
Are any of the assets included on this statement the separate property of your spouse?	_____
If the answer to any of the above questions is yes, please explain on page 4.	

# First Liberty Bank

## Credit Report Authorization Individual / Commercial Purpose Credit Extension

My signature below authorizes First Liberty Bank to obtain credit bureau reports in my name for any individual or commercial credit request on which I may be (or am already) obligated or guarantee. This authorization applies to the original request, renewals, modifications, and extensions and to subsequent credit confirmations (such as annual credit verifications).

I acknowledge that First Liberty Bank may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Address (no P.O.Boxes)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
DL Number

\_\_\_\_\_  
State and Expiration

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Residence Phone