



FARMER/STOCKMAN FINANCIAL STATEMENT

SECTION 1 PERSONAL INFORMATION

Borrower's Name		Social Security No.	- -	Birth Date	
Address		City / State		Zip Code	
Occupation		Position		Years Employed	
Spouse's Name		Social Security No.	- -	Birth Date	
Occupation		Position		Years Employed	
Business Name		Business Type		EIN / TIN	
Business Address		City / State		Zip Code	
Business/Work Phone		Cell Phone		Home Phone	

SECTION 2 STATEMENT OF FINANCIAL CONDITION

As of (Date) _____

Current Assets		Schedule Totals (Omit Cents)	Current Liabilities	Schedule Totals (Omit Cents)	
CASH:	In This Bank	Schedule 1	Operating Lines:	Farm Operating Lines	Schedule 11
	In Other Institutions	Schedule 1		Cattle Operating Lines	Schedule 11
SECURITIES:	Marketable	Schedule 2	CPLTD:	Oil & Gas Interests	Schedule 9
	Non-Marketable	Schedule 2		Real Estate Notes Payable	Schedule 10
Accounts and Notes Receivable	Schedule 3			Other Term Notes	Schedule 12
Cash Value of Life Insurance	Schedule 4		Accounts Payable	Accounts Payable	
Livestock	Schedule 5			Bank Revolving Lines	
Farm Products Inventory	Schedule 6			Estimated Credit Card Balances	
Prepays (Feed and Seed Inventory / Farming Done)			Taxes Payable:	Federal Income Taxes	
				Real Estate & Other Taxes	
List Other Current Assets:			Other Current Liabilities		
TOTAL CURRENT ASSETS			TOTAL CURRENT LIABILITIES		

Non-Current Assets		Schedule Totals (Omit Cents)	Non-Current Liabilities	Schedule Totals (Omit Cents)	
REAL ESTATE	Homestead	Schedule 10	Mortgages Payable	Homestead	Schedule 10
	Farm & Ranch Land	Schedule 10		Farm & Ranch Land	Schedule 10
	Other Real Estate	Schedule 10		Other Real Estate	Schedule 10
Oil & Gas Interests	Schedule 9		Notes Payable	Oil & Gas Interests	Schedule 9
Other Business Interests	Schedule 7			Machinery & Equipment	Schedule 12
Deferred Comp. & Retirement Plans	Schedule 8			Automobiles	Schedule 12
Non-Current A/R & N/R	Schedule 3			Other Term Notes Payable	Schedule 12
Machinery and Equipment			Other Non-Current Liabilities		
Other Non-Current Assets	Automobiles				
	Personal Property				
TOTAL ASSETS			TOTAL LIABILITIES		
			NET WORTH (Assets less Liabilities)		
TOTAL ASSETS			TOTAL LIABILITIES & NET WORTH		

*** PLEASE COMPLETE THE ACCOMPANYING SCHEDULES TO THIS FINANCIAL STATEMENT.**

The information contained in this statement and supporting schedules is provided to induce the Bank to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. We acknowledge and understand the Bank is relying upon the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. We represent, warrant and certify that the information provided herein is true, correct and complete. We agree to notify the bank immediately and in writing of any material unfavorable change in my/our financial condition. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. We understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment. The Bank is authorized to contact any appropriate third party to verify any information at any time furnished by the undersigned to the Bank. Such financial information furnished shall be the property of the Bank.

Signed _____ Date _____ Signed _____ Date _____

SCHEDULE 1 CASH (Deposit Accounts)

Bank / Institution	Name on Account	Type of Account (DDA, SAV, CD)	Account Number	Current Balance	Pledge? Yes or No
First United Bank					
				TOTAL CASH (Enter amount on Page 1)	

SCHEDULE 2 SECURITIES (Stocks, Bonds, and Mutual Funds)

Number of Shares	Description	Exchange Listing	Registered in Name of	Original Cost	Market Value	Pledged? Yes or No
Marketable						
					TOTAL SECURITIES (Enter amount on Page 1)	
Non-Marketable or Restricted						

SCHEDULE 3 ACCOUNTS AND NOTES RECIEVABLE

Due from (Name)	Original Amount	Current Balance	Due this Year	Due in Future	Maturity Date	Description of Collateral
TOTAL A/R (Enter amount on Page 1)						

SCHEDULE 4 LIFE INSURANCE & ANNUITIES

Company	Type of Policy	Beneficiary	Face Value	Net Cash Value	Name of Insured	Pledged? Yes or No
TOTAL LIFE INSURANCE & ANNUITIES (Enter Amount on Page 1)						

SCHEDULE 5 LIVESTOCK

Number of Head	Class Description (Steers, Heifers)	Location	Average Weight	Average Dollar Price	Dollar Value / Unit	Total Value
TOTAL LIVESTOCK (Enter Amount on Page 1)						

SCHEDULE 6 FARM PRODUCTS INVENTORY

Type of Crop	Units	Location	Quantity (Units)	Dollar Value / Unit	Total Value	Date to be Sold	Marketed To
Com	Pounds						
Cotton	Bales						
Milo	Pounds						
Peanuts	Tons						
Soybeans	Bushels						
Wheat	Bushels						
TOTAL FARM PRODUCTS INVENTORY (Enter Amount on Page 1)							

SCHEDULE 7 OTHER BUSINESS INTERESTS (Partnerships & Corporations)

Name of Business Venture	Nature of Business	Percent Ownership	Value of Business	Pro-Rata Value	Your Position or Title	Years in Business
TOTAL OF OTHER BUSINESS INTERESTS (Enter Amount on Page 1)						

SCHEDULE 8 DEFERRED COMPENSATION AND RETIREMENT PLANS

Trustee or Plan Administrator	Type of Account	Beneficiary	In Name of	Current Balance	Plan Loan Amount	Net Plan Value
TOTAL OF DEFERRED COMPENSATION AND RETIREMENT PLANS (Enter Amount on Page 1)						

