FINANCIAL STATEMENT - INDIVIDUAL

Date of Statement

To Financial Institution Named:	Name of Individual:		
City NATIONAL BANK MEMBER FDIC			
Home Address	Home Phone Cell Phone Work Phone	SSN	Date of Birth

Assets (omit cents)		Liabilities (omit cents)	
Cash in this financial institution (schedule A)		Notes payable to Financial Institutions (schedule J)	
Cash in other financial institution (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 (schedule K)	
Partnership/Proprietorship interests (schedule D)		Due to brokers in margin accounts (schedule L)	
Cash surrender value life insurance (schedule E)		Other accounts and bills payable (schedule L)	
Real estate owned (schedule F)			
Oil & Gas interests (schedule G)			
Pensions, retirement funds, IRA, Keough (schedule H)			
Other Personal Assets (schedule I)			
		Total Liabilities	
		Net Worth	
TOTAL ASSETS		**TOTAL LIABILITIES AND NET WORTH**	

INCOME AND EXPENSE for year ending _____			
Salaries and wages		Interest paid	
Commissions and bonuses		Rent paid	
Interest income		Federal and State income taxes	
Dividend income		Other taxes	
Business K-1 Income Distributions		Alimony, Child Support, & separate maintenance pd	
Pensions, Annuities, Retirement, & Social Security			
Rents Received			
Royalties Received			
Alimony, child support, & separate maintenance			
Other income			
TOTAL ANNUAL INCOME		**TOTAL EXPENSES**	

Federal Income Tax Return has been filed through Any additional assessments? Amount

CONTINGENT LIABILITIES		
NATURE OF LIABILITY	**DESCRIPTION**	**AMOUNT**
Liabilities as endorser, co-maker or guarantor		
Liabilities on leases and contract		
Liabilities on letters of credit		
Contested tax liens		
Involvement in pending legal action, claims,		
Judgments, etc.		
TOTAL CONTINGENCIES		

Schedule A:	CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS			
CASH IN THIS FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCT #	CURRENT BAL
		Total		
NAME OF OTHER FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCT #	CURRENT BAL
		Total		

Schedule B:	NOTES AND LOANS RECEIVABLE				
ORIGINAL AMT	DUE FROM	BALANCE	PMT SCHEDULE	MATURITY	COLLATERAL
	Total				

Schedule B:	OTHER ACCOUNTS DUE ME				
ORIGINAL AMT	DUE FROM	BALANCE	PMT SCHEDULE	MATURITY	COLLATERAL
	Total				

Schedule C:	STOCKS AND BONDS					
ISSUING COMPANY	REGISTERED IN NAME OF:	# OF SHARES OR FACE AMT	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED
			Per Share	Total		
		Total				

Schedule D:	PARTNERSHIP AND PROPRIETORSHIP INTERESTS			
NAME OF PARTNERSHIP OR PROPRIETORSHIP	% OWNERSHIP	ORIG COST	PRESENT VALUE	IF PLEDGED, TO WHOM?
Total				

Schedule E:	LIFE INSURANCE						
INSURANCE COMPANY	POLICY #	OWNER	BENEFICIARY	POLICY TYPE	FACE AMT	CASH VALUE	LOANS AGAINST POLICY
Total							

Schedule F: REAL ESTATE OWNED

PARCEL NUMBER	LOCATION & DESCRIPTION OF IMPROVEMENTS	YEAR ACQUIRED	COST	Appraisal			NAME OF TITLE HOLDER
				By Whom	Date	Amount	
1							
2							
3							
4							
5							
6							

PARCEL NUMBER	MORTGAGE OR LIEN HOLDER	PAYABLE TO:	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENT PER MONTH	INTEREST RATE	AMOUNT OF INSURANCE
1	1st						
	2nd						
2	1st						
	2nd						
3	1st						
	2nd						
4	1st						
	2nd						
5	1st						
	2nd						
6	1st						
	2nd						

Schedule G: OIL & GAS INTERESTS

Legal Description	MI, WI, or RI	Net revenue interest	Monthly Income	Monthly Expense	Present Value	Purchaser of product
Total						

Schedule H: PENSIONS, RETIREMENT FUNDS, IRA, KEOUGH

Description	Amount
Total	

Schedule I: OTHER PERSONAL ASSETS

Description	Amount
Total	

Schedule J: NOTES PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS

Due to Whom	Amount Owed	Maturity	Repayment Structure	Collateral Pledged
Total				

Schedule K: CREDIT CARD INDEBTEDNESS

Due to Whom	Credit Limit	Balance	Payment	When Due
Total				

Schedule L:	DUE BROKERS TO BROKERS IN MARGIN ACCOUNTS		
Description	Amount	Description	Amount
		Total	

Schedule L:	OTHER ACCOUNTS & BILLS PAYABLE		
Description / Structure	Amount	Description / Structure	Amount
		Total	

Schedule M:	BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER			
NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE	FINANCIAL INSTITUTION OF ACCOUNT

Has undersigned executed a will disposing of estate in event of death? _____ Yes _____ No

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?

_____ Yes _____ No If yes, please state details:

Marital status (Do not complete if applying for individual unsecured credit):

_____ Married _____ Separated _____ Unmarried (including single, divorced or widowed)

Number of Dependents _____

Employer Name and Address	Position/Title	Years employed

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

_____ SIGNATURE _____ DATE SIGNED