

SPENCER P.O. Box 1049 Market St. and Parking Plaza

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			FINA	NCIAL	STATEME	INT									
				TYPE OF CREDIT – CHECK THE APPROPRIATE BOX											
				□ Individual–Provide your financial information only											
				□Joint, with											
				□ Information on separate financial statements											
I	plicant's Name and				Relationsh	•									
	IVIDUAL INFOR	MATION					RTY INFORM	IATION							
Business or Occupation					Business or Occupation										
Employer's Name and					Employer's	Name and Address									
Length of Employment		DI .			Length of E										
Home Phone		s Phone			Home Phon Date of Birt		ss Phone								
Date of Birth		Security #	-+ 0-					Security #	` C						
ASSE			ote: Co	mplete	SCHEDU		LI	ABILITIE	.5						
Cash On Hand and In Ban Cash Value of Life Insuran		Sched A Sched B			Notes Due t	o Banks	de	Sched A Sched H							
US Gov Securities	ice	Sched B			Notes Due t		us	Sched H							
Other Marketable Securitie	20	Sched C				nd Bills Payable		Sched H							
		Junea C				fe Insurance Policies		Sched B							
						counts Payable	Sched H								
					Cash Rent F										
	TOTAL LIQU	ID ASSETS			Other Liabil										
Real Estate Owned		Sched E													
Mortgages and Contracts	Owned	Sched F						1							
Notes and Accounts Recei	vable – current	Sched D													
Notes and Accounts Recei	vable – over 90	Sched D				TOTAL SHORT TERM LIABILITIES									
Notes Due From Relatives		Sched D			Real Estate	Sched E									
Other Securities – Not Rea	adily Marketable	Sched C				ssessments Payable									
Personal Property		Sched G			Other Debts										
IRA and Tax Deferred Acc					TOTAL LONG TERM LIABILITIES										
Other Assets – Itemize	□ (see attached it				Total Liabili										
	TOTAL PRODUCTI	VE ASSETS			Net Worth (
TOTAL ASSETS					TOTAL LIAE	TOTAL LIABILITIES AND NET WORTH									
	ANNUAL INCO	OME	1			ESTIMATE O	F ANNUAL	EXPENSE	S						
Salary Bonuses and Comm Dividends and Interest	nissions				Income Tax	Other Taxes									
Rental and Lease Income	(Not)				Insurance P										
	not ho roug	alad if	Mortgage Pa												
Alimony, child support or se you do not wish to have it c			Rent Payabl												
Other Income – Itemize		or ropujing (line opinguti		Other Exper										
Provide the following infor	mation only if Joint	Credit is che	cked abov	e.											
Other Persons Salary, Bon	-														
Alimony, child support or se			not be reve	aled if											
you do not wish to have it c															
Other Income of Other Pe	rson– Itemize														
TOTAL					TOTAL										
GEN	NERAL INFORM	IATION				CONTING	GENT LIABI	LITIES							
Are any Assets Pledged Other	Than Described on SC	HEDULES	🗆 yes	🗆 no	As Endorser		🗆 yes	🗆 no							
Are You a Defendant in Ar			🗆 yes	🗆 no	On Leases of	or Contacts			🗆 yes	🗆 no					
Income Tax Return Filed 1	Fhrough What Date?				Legal Claim	S		🗆 yes	🗆 no						
Have you ever been declared		-	🗆 yes	🗆 no	Federal – St	🗆 yes	🗆 no								
Are you a Partner or Office	er in any other Vent	ure?	🗆 yes	🗆 no	Other -										
					DULES	F									
A. CASH IN BANKS	S AND NOTES	(List all Re	al Estate	e Loans in So	hedule E)	🗌 🗆 Additi	onal Info	rmatio	<u>n</u>					
NAME OF BANK	Type of Account	Type of C	wnership	0	n Deposit	Notes Due Banks	Collateral	l; (if Any) and Ty	pe of Owners	hip					
	land														
□ See Attached Itemization	ТОТ	ALS													

B. LIFE INSURANCE (List only those Policies that you own)																					
COMPANY Face Of Policy							Cash Surrender Value				Policy Loan From Ins Co				Other loans Policy As Collateral				BENEFICIARY		
🗆 Se	See Attached Itemization TOTALS																				
C. SECURITIES OWNED (including US Gov't Bonds and Stocks and Bonds)																					
Face Value-Bonds DESCRIPTION								Type of O	wnershin	C				et Value Marke			ket Value MARKET VA Not Readi				
# of Shares of Stock Indicate those Not Registered In Your N						our Name	e Type of Ownership			C			Gov Sec		N	Marketable Sec		Marketable			To Secured Loan
									-												
See Attached Itemization TOTALS																					
D. NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually-Indicate % of your Ownership Interest)																					
	MAKER/DEBTOR %					Due		Origir	nal Amount			t Accounts			Over 90 Days		Relatives and Frie			:	Security (if any)
																				<u> </u>	
								_													
See Attached Itemization TOTA E. REAL ESTATE OWNED (Indicate % of you Ownership										_	.`										
			Г	Descripti				you Ow Date			Droc	ent Value	a.	Amount	t of I	ns	MORT	GAGE	OR CO	NTRAC	T PAYABLE
TITLE IN NAME OF % Location						quired	Original Cost			of Real Estate		Carried			Bal Due		Payment		Maturity		
														+			<u> </u>				
See Attached Itemization TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL																					
F. N	<u>/IORTC</u>	GAGES	AND	CON	TRA Mak)WI	NED (hip	Interes	st)						
Cont	Mtg	% Name		Address		SS	PROPER		Y COVERED		5	Starting Date		Payment		Maturity		у	Balance Due		
🗆 Se	e Attach	ed Itemiz	ation						•										TO	TALS	
G. F	PERSC	NAL P	ROP	ERTY	(Indi	cate %	6 of	your O	wnershi	o Inte	erest)		_			-					
DESCRIPTION %						%		Date Whe	n Due		Cost When New			Value Today			Balance Due			S ON PROPERTY To Whom Payable	
											-							<u> </u>			
See Attached Itemization										TOTALS											
	NOTES									·											
			0	Other Obligors (If Any) When		en Du	n Due Relatives ar Friends				e "Others" Banks)		Accounts and Bi		lls Coi	ntracts Pa	Payable COL		LLATERAL (If Any) Payable		
				_																	
						-				\rightarrow											
See Attached Itemization					Т	OTA	ALS											1			

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any question about Creditors credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

By signing below, each representative of the Applicant declares that he/she has read and understands the statement above.

Date _____

Signature