

Individual #1:			Individual #2:		
Name: _____			Name: _____		
Address: _____			Address: _____		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
SSN: _____	Birthdate: _____		SSN: _____	Birthdate: _____	
Home Ph: _____	Work Ph: _____		Home Ph: _____	Work Ph: _____	
Cell Ph: _____	DL # & State: _____		Cell Ph: _____	DL # & State: _____	
DL Iss. Date: _____	DL Exp. Date: _____		DL Iss. Date: _____	DL Exp. Date: _____	
Employer: _____	Email: _____		Employer: _____	Email: _____	

NOTE: If this personal financial statement includes a second individual who is borrowing or guaranteeing debt with Coffee County Bank, the columns titled Solely Owned #2 and Solely Liable #2 should be completed.

For the post references in each row [e.g. (1), (2), (3)], please itemize each subject on the corresponding attached schedules.

Assets	Solely Owned		Jointly Own	Total
	Individual #1	Individual #2		
Cash, Money Market, CD's (1)				
Government & Marketable Securities (2)				
Closely-Held Securities (3)				
Accounts or Notes Receivable				
Cash Value of Life Insurance (4)				
Personal Residence (5)				
Other Real Estate (5)				
Personal Property				
IRA's, 401K's, Keoughs, Etc.				
Other Assets				
Totals:				

Liabilities	Solely Liable		Jointly Liable	Total
	Individual #1	Individual #2		
Notes Payable to Banks - Secured (6)				
Notes Payable to Banks - Unsecured (6)				
Other Notes Payable - Secured (6)				
Other Notes Payable - Unsecured (6)				
Accounts Payable & Credit Cards				
Real Estate Mortgages (5)				
Tax Liability				
Loans on Life Insurance (4)				
Margin Accounts				
Other Liabilities				
Totals:				

Net Worth	Individual #1	Individual #2	Combined	Total
Total Net Worth				

Contingent Liabilities	Individual #1	Individual #2	Jointly Liable	Total
As Guarantor or as Endorser (7)				
Other Contingent Debt (7)				
Totals:				

*Above Contingent Liabilities section must be completed. If no contingent debt is involved, please write or type **NONE** in the above section.

For the Year:

For the Year:

Sources of Income	Individual #1	Individual #2	Monthly Spending	Individual #1	Individual #2
Wages & Salaries			Mortgage/Rent - Residence		
Commissions, Bonuses, Etc.			Other Mortgages		
Interest & Dividends			Automobile		
Rental Income			Credit Cards		
Distributions, Partnership Draws			Alimony		
Other			Other		
Total Income:			Total Expenditures:		

Name & Location of Institution	Account Number & Type	Balance	Owned By	Pledged?

Face Value	Owned By	Description	Cost	Current Value	Amount Pledged

Face Value	% of Total Shares	Owned By	Description	Current Value	Amount Pledged

Insurance Company	Owned By	Beneficiary	Face Value	C Value	Loans	Amount Pledged

[illegible]

Name & Address of Note Holder	Obligor	LoanType	Current Balance	Pmt	Collateral

Type of Contingent Debt	\$ Amount		Additional Comments:

No. of Dependents and ages: _____

Signature: _____ Date: _____ If joint, Signature: _____ Date: _____