		DEPOSIT ACC	COUNTS			
Schedule A Name of Ins	(Use additional sheet if necessary)  Balance on Deposit Type of Account(s)					
			-1			
TOTAL			\$ -			
Schedule B	DESCRI	PTION OF STO	CKS AND BONDS		so additional sho	ot if necessary)
		No. Bonds or	Market Value Cost		e additional sheet if necessary)	
Name of Corporation / Description of Bond or Stock		No. Shares	Market value Cost		State If Pledged	
TOTAL			\$ -	- \$ -		
0.4.4.4.0	DES	CRIPTION OF F	REAL ESTATE	(1.1	I.PC Il	. 1
Schedule C Street Address	Title in Name of	Cost	Who hold	(Us s Mortgage?	se additional she Interest Rate	et if necessary)  Monthly
City & State	Year Acquired	Current Value	Mortgage Balance			Rental Income
	 				_	
TOTAL REAL ESTATE		\$ -	\$	-	\$ -	\$ -
	OTHER DEBT - IF	NONE, PLEAS	E LIST CREDIT I			
Schedule D		Current	(Us		se additional she	et if necessary)
Name of Institution	High Credit	Balance	Collateral		Monthly Payment	Interest Rate
TOTAL	\$ -	\$ -			Φ.	
Contingent Liabilities:			Applicant		\$ -	plicant
(See attached schedule for explanation	Yes No		Yes No			
Are you a guarantor, co-maker, or endorser for any debt of an individual,						
Do you have any outstanding letters of credit or surety bonds?  Are there any suits or legal actions pending against you?						
Are you contingently liable on any lease						
Are any of your tax obligations past due?						
Are you liable for alimony and/or child su Have you made any capital contributions		the past 12 mor				
		LIFE INSUR			<del>!</del>	
Schedule E				(U	se additional sho	
Insurance Company	Insured	Face Amount of Policy	Type of Policy	Beneficiary	Cash Value	Amount Borrowed
		OI I OIIOY				DOTTOWEG
TOTAL  Disability Insurance	Applie	s -	Co. 4:	pplicant	\$ -	\$ -
Monthly Distribution if Disabled		Juiil	CO-A)	pnoant	1	
Number of Years Covered						