

Financial Statement

DATE: _____

NAME: _____

Phone #: _____

SSN: _____

JOINT WITH: _____

Relationship: _____

SSN: _____

ADDRESS: _____

ASSETS

LIABILITIES

BANK ACCOUNTS:

LOCATION: _____

TYPE: _____

LOCATION: _____

TYPE: _____

LOCATION: _____

TYPE: _____

OTHER FINICAL ACCOUNTS:

SECURITIES OWNED:

LIFE INSURANCE - CASH VALUE

SUBTOTAL LIQUID ASSETS: _____

ACCOUNT/NOTES RECEIVABLE:

LIVESTOCK:

_____ CAVLES

_____ YEARLINGS

_____ BEEF COWS

_____ DAIRY COWS

_____ BULLS

_____ OTHER

MACHINERY & EQUIPEMENT:

VEHICLES: (OWNERSHIP)

PERSONAL PROPERTY: (OWNERSHIP)

REAL ESTATE: (OWNERSHIP)

OTHER ASSETS: (OWNERSHIP)

TOTAL ASSETS: _____

NOTES PAYABLE:

THIS BANK:

OTHER FINANCIAL INSTITUTIONS:

NOTES/BILLS PAYABLE OTHERS:

REAL ESTATE MORTGAGES:

OTHER LIABILITIES:

JUDGEMENTS & LIENS:

TOTALS: _____

AMOUT DUE

PAYMENTS

MONTHLY

ANNUALLY

CONTINGENT LIABILITIES - LIST AMOUNT, WHOSE DEBT & TO WHOM OWED: _____

