

# PERSONAL FINANCIAL STATEMENT

Please complete our Personal Financial Statement form indicating the "As Of" date of your financial condition below where indicated.

- **Please check one of the following:**  Married  Unmarried  Separated (If married, you may have separate credit.)  Registered Domestic Partner
- If you are married and live in California, or other community property state, Farmers & Merchants Bank ("Bank") will assume that the assets, income and debts are community property, unless you indicate otherwise. If you are married, please provide information about your spouse. Your spouse does not sign need to sign this statement unless applying jointly.
- Purpose of the credit: \_\_\_\_\_

NAME IN FULL		SOCIAL SECURITY NO	DATE OF BIRTH
RESIDENCE ADDRESS (NO., STREET, CITY, STATE , ZIP CODE)		YRS AT ADDRESS	HOME PHONE & CELL PHONE
(1) PREVIOUS ADDRESS IF AT ABOVE ADDRESS LESS THAN 5 YEARS (NO., STREET, CITY, STATE , ZIP CODE)		(1) YRS AT ADDRESS	
(2) PREVIOUS ADDRESS IF AT ABOVE ADDRESS LESS THAN 5 YEARS (NO., STREET, CITY, STATE , ZIP CODE)		(2) YRS AT ADDRESS	DEPENDENTS NUMBER      AGES
EMPLOYER	EMPLOYER'S ADDRESS (NO., STREET, CITY, STATE , ZIP CODE)		TELEPHONE & EXT.
SPOUSE'S REGISTERED DOMESTIC PARTNER'S NAME		SPOUSE'S/PARTNER'S SOCIAL SECURITY NO.	SPOUSE'S/PARTNER'S DATE OF BIRTH
SPOUSE'S/PARTNER'S EMPLOYER	SPOUSE'S/PARTNER'S ADDRESS (NO., STREET, CITY, STATE , ZIP CODE)		HOME PHONE & CELL PHONE

FINANCIAL CONDITION AS OF DATE: \_\_\_\_\_ (Please insert appropriate date)

ASSETS		AMOUNT	LIABILITIES		AMOUNT
CASH	Farmers & Merchants Bank – Deposits		NOTES PAYABLE TO BANKS	Notes Payable - Farmers & Merchants Bank	
	Other Financial Institutions - Deposits			Notes Payable - Other Financial Institutions	
	Government Securities			Credit Card Debt	
STOCKS AND BONDS	Listed Marketable Securities (Schedule 1)		OTHER NOTES AND ACCOUNTS PAYABLE	Real Estate Loans (Schedule 3)	
	Unlisted Marketable Securities (Schedule 1)			Sales Contract & Sec. Agreements (Sch 6)	
	IRA/Pension/Retirement Funds			Loans on Life Insurance Policies (Sch 6)	
	Business Owned			Loans Payable to Other (Sch 6)	
REAL ESTATE	Improved (Schedule 2)		TAXES PAYABLE	Accounts Payable & Bills Due (Sch 6)	
	Unimproved (Schedule 2)			Current Year's Income Taxes Unpaid	
				Prior Year's Income Taxes Unpaid	
LIFE INSURANCE	Cash Surrender value (Schedule 4)			Real Estate Property Taxes Unpaid	
ACCOUNTS AND NOTES RECEIVABLE	Collectable Deed of Trust Secured (Sch 5)		OTHER LIABILITIES	Unpaid Interest	
	Collectable Unsecured (Schedule 5)			Other (Itemize & Describe, Schedule 6)	
	Relatives & Friends (Schedule 5)			Contingent Liabilities (Guarantor Obligation)	
OTHER PERSONAL PROPERTY	Automobile				
	Other (Itemize, Schedule 6)				
	Investments (Itemize, Schedule 6)				
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITIES</b>		
(DIFFERENCE BETWEEN TOTAL ASSETS & TOTAL LIABILITIES) NET WORTH					

## INCOME AND EXPENSES

**\*Other Income:** Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis of repayment.

ANNUAL INCOME	(Refer to Federal Income Tax Returns for previous Year)	ANNUAL EXPENDITURES	(Refer to Federal Income Tax Returns for previous Year)
Salary or Wages		Property Taxes and Assessments	
Spouse's/Partner's Salary or Wages		Federal and State Income Taxes	
Bonuses		Real Estate Loan Payments	
Dividends and Interest		Payments on Contracts and Other Notes	
Rental Income (Gross)		Insurance Premiums	
Business or Professional Income (Net)		Estimated living Expenses	
Other Income (Describe*)		Other (Alimony, Child Support, Maintenance)	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURES</b>	

**PLEASE COMPLETE THE FOLLOWING QUESTIONS (Attach an additional sheet if necessary)**

Have you guaranteed or endorsed the notes of any other person?  Yes  No If yes, please provide details: \_\_\_\_\_

Do you have any other contingent liabilities?  Yes  No If yes, please provide details: \_\_\_\_\_

Are there any suits or unpaid judgments now pending against you?  Yes  No If yes, please provide details: \_\_\_\_\_

Have you ever filed any petition under the Bankruptcy Act?  Yes  No If yes, when: \_\_\_\_\_

Are any of the assets listed on this statement held under a Trust?  Yes  No If yes, please provide name of trust: \_\_\_\_\_

Are any of the assets listed herein owned by your spouse/domestic partner as his or her sole and separate property?  Yes  No If yes, please provide details: \_\_\_\_\_

Are any of the assets listed herein owned with another person who is not your spouse?  Yes  No If yes, please provide details: \_\_\_\_\_

Within the past seven years, have you or your spouse had property foreclosed upon or given title or deed in lieu thereof to a financial institution in settlement of an outstanding debt or judgment?  Yes  No If yes, please provide details: \_\_\_\_\_

Except for good faith exercise of your rights under the Consumer Credit Protection Act, have you or your spouse been a party to a lawsuit involving a financial institution within the past seven years?  Yes  No If yes, please provide details: \_\_\_\_\_

**SCHEDULE 1: Listed and Unlisted Stocks and Bonds Owned**

NO. OF SHARES OR PAR VALUE	NAME OF COMPANY	NAME OF EXCHANGE (E.G., NYSE/AMEX/OTC)	ISSUED IN NAME OF	MARKET VALUE	AMOUNT PLEDGED
<b>LISTED:</b>					
			<b>TOTAL LISTED</b>		
<b>UNLISTED:</b>					
			<b>TOTAL UNLISTED</b>		

**SCHEDULE 2: Real Estate Owned**

PARCEL NO.	STREET ADDRESS, CITY & STATE	TITLE VESTING	% OWN	TYPE OF PROPERTY	DATE ACQUIRED	PURCHASE PRICE	PRESENT VALUE	MONTHLY INCOME	MONTHLY PAYMENT	NET MO. INCOME
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
<b>TOTAL</b>										

**SCHEDULE 3: Real Estate Loans**

ABOVE PARCEL	TO WHOM PAYABLE (Mortgage Holder)	INTEREST RATE	LIEN POSITION	MONTHLY PAYMENT	UNPAID BALANCE	MATURITY DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
<b>TOTAL</b>						

**SCHEDULE 4: Life Insurance**

INSURED	PRIMARY BENEFICIARY	FACE AMOUNT	ACTUAL CASH VALUE	LOANS ON POLICY	NAME OF COMPANY	LOCATION OF OFFICE
<b>TOTAL</b>						

**SCHEDULE 5: Accounts and Notes Receivable**

DUE FROM	OWNER OF COLLATERAL	STREET ADDRESS, CITY & STATE	COLLATERAL	MATURITY DATE	HOW PAYABLE	BALANCE DUE
					Per	
					Per	
					Per	
<b>TOTALS</b>						

**SCHEDULE 6: Details Relative to Other Assets and Liabilities**

**PLEASE READ CAREFULLY BEFORE SIGNING:** I (We) hereby affirm that the foregoing information contained in this financial statement and any attachments hereto as of the date indicated above is true, complete and correct. This financial statement will be regarded as continuous until another financial statement is substituted for it.

I (We) understand that the Bank is relying on this financial statement of my (our) financial condition in relation to a credit obligation with me (us). I (We) authorize the Bank or its agents to verify and check any of the information given, check my (our) credit references, verify employment and obtain one or more credit reports, from time to time. I (We) also authorize the Bank or its agents to provide financial and credit information about me (us) and my (our) account to other lenders. I (We) also authorize the Bank or its agents to obtain my (our) residence address from the California Department of Motor Vehicles and, therefore, waive my (our) rights under California Vehicle Code Section 1808.21, as amended. The Bank may disclose to any other interested parties Bank's experience with this account. **I (We) agree to inform the Bank immediately of any matter which may cause any significant change in my (our) financial condition.**

SIGNER ↓	DATED
*CO-SIGNER ↓	DATED

\*Co-signer other than Spouse or Registered Domestic Partner should complete a separate financial statement.

**PLEASE BE SURE THAT THIS FORM IS TRUE, COMPLETE AND CORRECT FOR WHICH YOU ARE AFFIRMING.**