W. B. A. 127 IL (2/07) 41031		
2007 Wisconsin Bankers Association/Distributed by FIPCO	R	

Equity in Partnership

Equity in Proprietorship

Other Assets: (Itemize Below)

Vested Pension Benefits or Profit Sharing

22007 Wisconsin Bankers Association/Distributed by 1 if CO (k)		INANCIAL STATEMENT Date and sign statement	
	Date of Fina	ancial Statement	
Name			
Address			
То			("Lender")
following statement to Lender of my financial condition on		t granted by Lender, or to support the extension of credit alrea	ender's property.
ASSETS		NG "NO" OR "NONE" WHERE NECESSARY LIABILITIES	
Cash on Hand and in Financial Institutions (Schedule A)	\$	Notes Payable - Lenders/Secured (Schedule E)	\$
Gov't and Listed Securities (Schedule B)		Notes Payable - Lenders/Unsecured (Schedule E)	
Unlisted Securities (Schedule B)		Notes Payable Others (Schedule E)	
Notes and Loans Receivable (Schedule F)		Life Insurance Loans (Schedule C)	
Homestead and Real Estate Owned (Schedule D)		Due to Brokers	
Automobiles		Accounts Payable	
Other Personal Property		Unpaid Income Taxes	
Cash Value Life Insurance (Schedule C)		Real Estate Mortgages Payable (Schedule D)	
Securities Held by Brokers in Margin Accts.		Real Estate Taxes	

Credit Cards

Other Debts (Itemize Below)

Total Liabilities Assets less Liabilities = Net Worth TOTAL ASSETS \$ TOTAL LIABILITIES and NET WORTH \$ SOURCES OF INCOME FOR YEAR ENDED **CONTINGENT LIABILITIES** Salaries & Bonuses \$ As Endorser, Co-Maker, or Guarantor \$ \$ On Lease or Contracts \$ Legal Claims Commissions \$ \$ Dividends & Interest \$ Other (describe) \$ Real Estate \$ Other '

*Income from Alimony, Child Support or Separate Maintenance income and income from medical insurance, disability or wage continuation insurance need not be revealed if you do not wish the Lender to consider this income in determining your creditworthiness.

PERSONAL INFORMATION				
Home Telephone Social Security No.				
Employer(s) of Applicant(s)				
Are any assets pledged or restricted other than indicated on the following schedules? If so, describe.				
Are you a defendant in any legal actions or suits? If so, describe.				
Are you a partner or officer in any other venture? If so, describe.				
Do you have a will?				
Have you ever been declared Bankrupt? If so, describe.				
Date of Birth Driver's License No. and State				

COMPLETE SCHEDULES AND SIGN ON PAGE 2

Type Name of Financial Institution Amount Schedule B - U.S. Government, Listed, & Unlisted Securities (List on separ No. of Shares or Face Value (Of Bonds) Description* Owner *Indicates if Securities are Restricted By Contract or SEC Regulations. Schedule C - Life Insurance Carried, Include Group Face Amount Name of Company Owner	rate she	In Name Of			et Value	•	CASHS	PLE	DGE S NO
No. of Shares or Face Value (Of Bonds) Description* Owner *Indicates if Securities are Restricted By Contract or SEC Regulations. Schedule C - Life Insurance Carried, Include Group		et if necess			et Value	3	CASH S	YES	NO
No. of Shares or Face Value (Of Bonds) Description* Owner *Indicates if Securities are Restricted By Contract or SEC Regulations. Schedule C - Life Insurance Carried, Include Group		et if necess			et Value	•	CASHS	YES	NO
No. of Shares or Face Value (Of Bonds) Description* Owner *Indicates if Securities are Restricted By Contract or SEC Regulations. Schedule C - Life Insurance Carried, Include Group		et if necess			et Value)	CASHS	YES	NO
No. of Shares or Face Value (Of Bonds) Description* Owner *Indicates if Securities are Restricted By Contract or SEC Regulations. Schedule C - Life Insurance Carried, Include Group		et if necess			et Value)	CASH S	YES	NO
*Indicates if Securities are Restricted By Contract or SEC Regulations. Schedule C - Life Insurance Carried, Include Group			Beneficia		et Value		CASH S	YES	NO
Schedule C - Life Insurance Carried, Include Group			Beneficia	ary			CASHS	URREN	
Schedule C - Life Insurance Carried, Include Group			Beneficia	ary			CASH S	URREN	
Schedule C - Life Insurance Carried, Include Group			Beneficia	ary			CASH S	URREN	
Face Amount Name of Company Owner			Beneficia	ary			CASH S	URRE	<u></u>
							Value	Lo	ans
<u> </u>									
Schedule D - Real Estate Owned									
Address & Type of Property Date Acquired Owner	Cost	Mkt. V	alue	MORTGAGE Amount Monthly \$				Insura	nce
							,		
Schedule E - Names of Banks or Other Lenders Where Credit Has Been Ob	otained	I							
Name & Address of Lender Borrower	Date	Monthly	Due	High Cre	edit	Curr	ent	Sec.	or
	Made	Payment		Balance		nce	Unsec.		
Schedule F - Notes and Loan Receivable			•	•					
Unpaid Amount Name of Maker	er			Date Made Sec		Securi	ecurity Pledged		
NOTICE: We may report information about your account to credit be account may be reflected in your credit report. I certify that this financial statement is true and complete. I authorize Lender additional information concerning my financial condition, including, without line statement without any further verification. I authorize Lender to furnish such information.	or its ag	gents to verification	fy the infor	mation ob	tained ingh	n this s der ma	statement by rely on	and to	obtai ancia
questions about my credit experience and other financial relationships with Lenwriting, of any change that materially affects the accuracy of this statement. Lender may share information bearing on my credit worth reputation, personal characteristics or mode of living with it that such information is unrelated to my transactions or exwith its affiliates, (2) the information constitutes "medical in the information when provided to an affiliate would constitute."	nder, to	the extent no	ot prohibite	d by appli	cable la	aw. I ag	gree to not	ify Lend	der, i
It may be a federal crime punishable by a fine or imprisonment or both to kno provisions of applicable federal and state law.									
	x								
(Date Signed)	-			Applicant	Signature	9			

Addendum to Personal Financial Statement

I hereby authorize North Shore Bank, F.S.B., its successors and/or assigns and its duly authorized agents to verify my past and present employment earnings records, bank accounts, stock holdings, other asset accounts, loan, lease and other credit relationships and obtain payoff information needed to process any application for credit.

I further authorize North Shore Bank, F.S.B., its successors, and/or assigns and its duly authorized agents to order a consumer credit report and it is understood a photocopy or facsimile of this form will also serve as authorization for completing any attached forms.

And, I authorize North Shore Bank, F.S.B., its successors and/or assigns and its duly authorized agents to:

- a. Obtain any necessary credit ratings.
- b. Obtain payoffs of existing loans at any financial institutions where we currently have credit.
- c. Add North Shore Bank as mortgagee or loss payee, as necessary, to any insurance policy insuring any collateral held or to be held as collateral for our loan.

The information the Lender obtains is confidential and is only to be used in the processing of a loan application.

Company Name:			
Borrower/Guarantor Name:			
Borrower/Guarantor Signature: _		Date:	
Borrower/Guarantor Name:			
Borrower/Guarantor Signature: _		Date:	
Borrower/Guarantor Name:			
If this is an application for joint (Sign below.)	credit, all borrowers each agree	that we intend to apply for joi	nt credit.
Signed		_	
Signed	/Date//	_	
Signed	Date / /		