

INDIVIDUAL FINANCIAL STATEMENT

Wisconsiii Balikeis Association 2007		and sign statement						
	•	residents only)						
	Date of Financ	cial Statement						
Name								
Address								
To			("Lender")					
		nted by Lender, or to support the extension of credit already give						
following statement to Lender of my financial condition on _		This statement is Lend	der's property.					
For Wisconsin residents only: I am married unma	arried legally	/ separated						
Name of spouse		Address						
NOTICE TO MARRIED APPLICANTS: No provision of any	marital property	agreement, unilateral statement under § 766.59, Wis. Stats., or	r court decree					
		less the creditor, prior to the time the credit is granted or an op-						
plan is entered into, is furnished a copy of the agreement, s								
INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED	RELOW:	•						
	_	redit, complete this statement including all marital property	, and all indi-					
		of the non-applicant spouse. Include all liabilities of both s						
the applicant must sign on page 2.	ridual property	of the non-applicant spouse. Include all liabilities of both s	Jouses. Only					
	ind applicable	ove applying for inint avadit include all spects and all light	litics of both					
	ied applicants a	are applying for joint credit, include all assets and all liabi	illes of both					
spouses. Both spouses must sign this statement.		as injust annulinant who is not very analysis. If a manular						
		as joint applicant who is not your spouse. If a married						
	•	ch applicant must complete a separate statement as if appl						
		of the applicant. Do not include any individual property of the	ne non-appli-					
cant spouse. Include all liabilities of the applicant and	the applicant's	spouse. Only the applicant must sign on page 2.						
For purposes of this statement:								
Marital property means assets acquired with my or my s								
Individual property means property owned (whether in joint to 1-1-86, however acquired, and property acquired by m		by me prior to marriage, prior to establishing residence in Wisc	onsin, or prior					
to 1-1-00, however acquired, and property acquired by m	e by gilt of filler	nance at any time.						
COMPLETE ALL BLAN	IKS, WRITING "	NO" OR "NONE" WHERE NECESSARY						
ASSETS		LIABILITIES OF APPLICANT AND SPOUSE						
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 Mortgage Payable (Schedule D)						
Securities Held by Brokers in Margin Accts.		Real Estate Taxes						
Equity in Partnership		Credit Cards						
Equity in Proprietorship		Other Debts (Itemize Below)						
Vested Pension Benefits or Profit Sharing		Other Debte (Iternize Delow)						
Other Assets: (Itemize Below)								
Other Assets. (Itemize below)								
		Total Liabilities						
		Assets less Liabilities = Net Worth						
TOTAL ASSETS	\$	TOTAL LIABILITIES and NET WORTH	\$					
SOURCES OF INCOME FOR YEAR ENDED		CONTINGENT LIABILITIES OF APPLICANT AND SPOUSE	<u> </u>					
Salaries & Bonuses*	\$	As Endorser, Co-Maker, or Guarantor	\$					
	\$	On Lease or Contracts	\$					
Commissions	\$	Legal Claims	\$					
Dividends & Interest \$		Other (describe)	<u> </u>					
Real Estate	\$							
Other**	<u> </u>							
AF A4 : 1145 :								
*For Married Wisconsin residents, name each spouse and include the income of each spouse. **Income from Alimenty Child Support of Separate Maintenance income and income from medical incurrence disability or wage continuation incurrence.								
**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 on determining your creditworthiness.								
PERSONAL INFORMATION								
Home Telephone Social Security No.								
Employer(s) of Applicants(s)								
Are any assets pledged or restricted other than indicated o	n the following so	chedules? 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.

Have you ever been declared Bankrupt? If so, describe.

Date of Birth

Do you have a will? Yes No If so, name of Personal Representative.

Schedule A	. – Cash, Ch	ecking A	ccounts, Savi	ngs Accounts	, & C	ertificates of De	posit										
Туре	Name of F	inancial	Institution			Amount		In Name Of:				- 1	EDGED S NO				
								1							lacksquare		
								+							+	-	
															工		
															<u>—</u>		
Schedule B	B – U.S. Gove	ernment,	Listed & Unlis	sted Securities	s (Lis	st on separate sh	neet if i	nece	ssary)							
No. of Shares or Face Value (Of Bonds) Description*				Owner Market Value							1	PLEDGED YES NO					
															+		
												士					
											+	-					
*Indicates i	f Securities	are Rest	ricted By Con	tract or SEC F	Regu	lations.											
Schedule C	– Life Insu	rance Ca	rried, Include	Group													
Face Amou	ınt	Name o	of Company			Owner	Ве	Beneficiary CASH						SURF	ENDER		
			. ,				_	Deficiencial y				Valu			ue	Loans	
							+							1			
															丰		
Schedule D) – Real Esta	te Owne	ed														
Address &	Type of Prop	perty		Date Acquired	Ow	ner	Cos	st I	Mkt. V			MORTGAGE mount Monthly \$ Maturit		aturity	Insurance		
								+					+				
Schedule E	– Names of	f Banks (or Other Lend	ers Where Cre	dit H	las Been Obtaine	ed										
Name & Ad	dress of Lei	nder		Borrower			Date	Мо	nthly	Due	Hig	gh Credit	Cur	rent Ba	ılance	Sec. or	
						Made	Pay	Payment							Unsec.		
								╀			_						
Schedule F	- Notes and	d Loans	Receivable													-	
Unpaid Am	ount		Name of Mak	ær				Da	Date Made				Security Pledged				
								Ţ									
	'e may report your credit re		ion about your	account to cred	dit bu	ıreaus. Late paym	ients, m	nissed	d payr	nents	or oth	er default	s on	your ac	count	may be	
						Lender or its ager											
						vithout limitation, o th such information											
						onships with Lend of this statement.											
it worthin	iess. credi	t stand	ina. credit c	apacity, cha	arac	ter, general re	putati	ion.	pers	onal	char	acteristi	cs c	or mod	de of	livina	
with its a	ffiliates un	iless (1) I direct Le	nder at the	add red l	ress above th by Lender wit	at suc	ch in	าform ates	atio (2) t	n is u he int	inrelated	d to	my tra	ınsad	ctions "med-	
ical inforr	mation" as	define	d under app t" under app	olicable fede	eral l	law, or (3) the	inform	natio	on wi	nen p	orovio	ded to a	n aff	iliate v	voul	d con-	
						knowingly make fa	alse sta	teme	ents co	ncern	ing an	v of the ab	oove	informa	tion		
			ederal and state			anowingly make it				1100111	g a.i.	y or tire at	,ovc	IIIIOIIII			
				•	Y												
-		(Date Signe	ed)	1	^				Applica	nt Signa	ature						
				2	X		.loint An	nlicant	t Snouse	Signati	re (ioint o	credit only)					
				-	or m	arried Wisconsin re			·			• •	ired h	v law to	n dive r	notice of	
				а	ıny cr	redit transaction to	my spo	ouse.				, ,		,	_		
				ır	пегез	st of my marriage of	oi iamily	y.									
				2	X												
									Applica	nt Signa	ture						

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 / /		