AGRICULTURAL FINANCIAL STATEMENT SUBMITTED TO DEMOTTE STATE BANK (THE BANK)

	AS OF MO.	DAY	YEAR
NAME:		DOB	S.S. #
NAME:		DOB	S.S. #
ADDRESS			PHONE

	ACCETC	Cab a dula	AMOUNT	LIADI	II ITIES	Cabadula	AMOUNT		
Cash and S		Schedule A	AMOUNT	Accounts Payab	ILITIES le	Schedule L	AMOUNT		
	(Readily Marketable)	В			due 1 yr. or less)	M			
	nce (Cash Value Only)	С		DEMOTTE STA		М			
Accounts R	Receivable (Collectable)	D		Other Financial I	Institutions	М			
Grain and F	Feed On Hand	Е		Individuals		М			
Feeder Live	estock	F							
Other Curre	ent Assets	G		Other Current Li	abilities	N			
	TOTAL CURRENT A	SSETS		то	TAL CURRENT LIAE	BILITIES			
Retirement	Accounts	А		Note Payable (d	ue 1 yr. or more)	М			
Securities ((Not Readily Marketable)	В		DEMOTTE STA	TE BANK	М			
Cash Inves	tment in Growing Crops	Н		Other Financial I	Institutions	М			
Breeding Li	ivestock	F		Individuals		М			
Motor Vehic	cles	I							
Machinery	& Equipment	J							
Other Inter	mediate Assets	G		Other Intermedia	ate Term Debts	N			
TO	OTAL INTERMEDIATE A	SSETS		TOTAL II	NTERMEDIATE LIAE	BILITIES			
Real Estate	e Owned by Deed	K		Mortgages: DEM	OTTE STATE BANK	0			
				Other Financial I	Institutions	0			
Real Estate	Purchased on Contract	K		Contract Liability	/	0			
Other Long-Term Assets G				Other Long-Tern	0				
	TOTAL LONG-TERM A	SSETS		TOTAL LONG-TERM LIABILITIES					
	TOTAL ASSETS				3				
					NET WORTH	ł			
In addition to	liabilities listed, I (We) have	endorsed,	guaranteed, or am	otherwise contingent	ly liable (describe any la	wsuits) for t	the following:		
DATES			OURCE OF REP	AYMENT	LOAN AMOUNT	REPA	YMENT AMOUNT		
	Credit Life Insurance Re	equest:	Yes	No					
		ı		TOTAL	and a second				
Credit Life	Requested By: N	ame	Amount	Birthdate	2 nd Beneficiary				
The above	and the death of a result of the second of t	: 4		at at any family	Man and the all the state of th	Vandamit of the co	transation along the control		
i ne above stater	ment (including supporting schedules)	is a true accur	are and complete stateme	rii oi my (our) financial cond	ilion as of the above date. I (we) submit this inf	ormation, along with my (our)		

I he above statement (including supporting schedules) is a true accurate and complete statement of my (our) financial condition as of the above date. I (we) submit this information, along with my (our) income statement for the purpose of obtaining, extending, and maintaining credit from the bank, and I (we) agree that if any material, adverse change occurs in either such statement, I (we) will at once notify the bank. In the absence of any such notice or my filing of a more current statement, the bank, In granting or continuing credit, may continue to rely on such statements as accurately and fairly reflecting my (our) financial condition and income. In case I (we) fail to notify the bank, or either statement is or becomes materially and adversely inaccurate, the bank may declare immediately due and payable all my (our) obligations to it. I (we) fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts on this financial statement as applicable under the provisions of title 18, United States code section 1014. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein.

Date:	Signed
Date:	Signed

SCHEDULE A: Cash, Checking, Savings, Certificates of Deposit, IRA's, Keough Plans, Etc.									
Name of Depository	Type of Account	Maturity	In whose Name	Amount					
			TOTAL						

	ription	Stocks, Bonds Etc. Number of S	Shares	Marketability	In Whose N		lame	Value
SCHEDULE C: L	ife Insurance		_					
Name of Cor	npany	Insured	E	Beneficiary	Amo	ount of Coverage	Loans	Cash Value
							TOTAL	
SCHEDULE D: F	Receivables –	All Accounts and No	otes Owe	d to Me			IOTAL	
Due Fro	m	Evidenced By		Secured By		Date Due	!	Amount
							TOTAL	
SCHEDULE E:	Grain and Fee	ed on Hand					IOTAL	
No. Bu., Lbs., B	ales, Etc.	Des	cription			Price / Bu., Lb., Ba	ales, Etc.	Value
							TOTAL	
SCHEDULE F: I				December 11:		.		\ / - I
No. Head	Age	Weight		Description		Price /	LD.	Value
001150111 5 0		(0 1 : 1 0)	· - -	, , , , ,		T \	TOTAL	
Explanation and		(Segregate into Sho	rt Term, I	ntermediate Lerm,	or Lo	ong Ferm)		Value
•	,							
							TOTAL	
		ent in Growing Crop	s	D		0 11 1		Δ .
No. of A	Acres	Crop		Description	on of	Cash Investment		Amount
							TOTAL	
		wned (Include Cont				Data Associas d	04	Malara
Descri	otion	Location	ır	n Whose Name		Date Acquired	Cost	Value
							TOTAL	
SCHEDULE L:	Accounts Pay	able					IUIAL	
To Whom		Purpose		Date Due and Pay	ment	Schedule	Interest Rate	Amount
							TOTAL	
SCHEDULE M:	Notes and Lo	ans (Other than Rea	l Estate)				TOTAL	
To Whom		Security		Date Due and Pay	ment	Schedule	Interest Rate	Amount
							TOTAL	
SCHEDULE N:	Other Debts (Other than Real Esta	ate		TOTAL			
To Whom		Security		Date Due and Pay	ment	Schedule	Interest Rate	Amount
SCHEDULF O:	Real Estate Γ	ebt (Include Mortga	ges and C	Contracts)			TOTAL	
To Whom		Security		Date Due and Pay	ment	Schedule	Interest Rate	Amount
			+					
							TOTAL	

SCHEDUI	SCHEDULE I: Vehicles								
Item	Make	Model	Year	Description	Series Number	Value			
					TOTAL VEHICLES				
SCHEDUI	F.J: Machiner	y and Equipmen	t						
		y a.i.a <u>_</u> qa.p.ii.o.i							
				7	OTAL MACHINERY				
Are Vehic	les and Machine	ry Ingured?	<u> </u>						
	f Insurance:	ny moureu:							
Name of I									
		of the nersonal pr	nnerty listed a	bove and hereby agree said property, together	with vehicles machinery	and equipment			
				for any sums now or hereafter owed to said ba					
To and inco	orporated in all sec	curity agreements	I (We) have d	ven or will give to the bank. Furthermore I (we	e) hereby agree to name th	ne DEMOTTE			
STATE BANK as "Loss Payable" on the above secured property held as a security interest by the DEMOTTE STATE BANK.									

Signature

Date

Signature

Name:												20_		Fa	rming l	Progran	n	
											Total		lable					
Name	ame of Farm Share County Section Twp.		/p.	Range		Acres	А	Acres		Corn	Soybean							
							2011											
A == C==== (2	١٨/:٠١-	1	(Custo	mer's 10												
Are Crops (Jovered	vvitn					nated tal Bu					-						
Amount of I	nsurance	A:				Feed R												
Name of Ins		<u> </u>			7	Total Bus												
						Estir	nated	Price										
						T	otal Ind	come										
								ГОТА	L EST	IMA	TED GRAI	N INC	OME					
LIVESTO	1				-										I		_	
No. Head	Kind	Purc	hase Date	Breeding D	ate	Birth [Date	Wea	ning D	ate	Sale Date	Sa	ale Wei	ght	Price	e / Lb.	Tota	al Income
												-						
												-						
										TOT	AL ESTIM	ATED	LIVE	STC	CK IN	COME		
			: Alimony, Child	Support, or Sepa	rate Ma	aintenance i	ncome n	eed not	be includ	ed if Ap	plicant Does No	t Choose	e to have	it Con	sidered as	s Basis and	Repayme	ent
Estimated (Estimated I																		
Governmer			<u> </u>															
			Employmen	t (Net Bring H	lome)): Sourc	е											
Income from				<u> </u>		,												
Net Income	from Re	nts and	d Other Inve	stments														
Net Income		n-Farm	n Business															
Other (desc	ribe):																	
														TO	TAL IN	COME		
EXPENSE	CTATE		т.															
	Expense			Last Ye	ar	Th	nis Ye	ar		F	xpense Ite	m		ı	ast Ye	ar	This	s Year
Hired Labor		0 110111		Lactic	Jui	<u> </u>		<u> </u>	Life and Health Insurance					Luot Tour				, 10ai
Machinery									Buildi	ng & l	Property Ins	urance	Э					
Cash Rent		ses							Utilitie									
Purchased	Feed										al Storage							
Seed Fertilizer ar	l l :								Commercial Drying									
Chemicals	ia Lime																	
Machinery	or Custor	m Hire																
Livestock E																		
Fuel and O																		
Real Estate																		
Personal P		axes																
Crop Insura	ance												\\C=					
											RATING E				EV==	NCT		
	ESTIMATED OPERATING INTEREST EXPENSE																	
CAPITAL	РДУМЕ	NT S	CHEDIII E	•														
CAPITAL PAYMENT SCHEDULE: Payment Details																		
To Whom	Owed		Note #	Origina	al Pui	rpose		Prese	ent	D		rin.		nt.	Т	otal		
						•		Balan	ice									
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CREDIT AUTHORIZATION

I hereby give my consent to have DeMotte State bank obtain information regarding my employment, checking, and/or saving account and all other credit matters. I authorize the release of my application and any information that may be needed in order to complete their report.

.,	of the signature(s) of the undersigned may be reof and may be used as a duplicate original.
Borrower	Date
 Co-Borrower	



