

KLEBERG BANK, N.A.

100 E. KLEBERG, KINGSVILLE, TX 78363

P.O. DRAWER 911, KINGSVILLE, TX 78364

PHONE: 361-592-8501 FAX: 361-593-1518

MEMBER F.D.I.C.

Personal

Financial Statement as of _____

NAME		DATE OF BIRTH		EMPLOYER		YEAR	
HOME ADDRESS		PHONE		SOCIAL SECURITY NUMBER		OCCUPATION POSITION	
YEAR							
NAME OF SPOUSE (if married see note on page 4)		NO. OF DEPENDENTS		DRIVERS LICENSE NO. & STATE		BUSINESS ADDRESS	
PHONE						PHONE	

ASSETS (OMIT CENTS)			LIABILITIES (OMIT CENTS)		
CASH (Schedule 1)	In this Bank		MORTGAGES PAYABLE (Schedule 7)	Homestead	
	In Other Institutions			Other Wholly-Owned R/E	
SECURITIES (Schedule 2)	Marketable			Partially Owned R/E	
	Not Publicly Traded		NOTES PAYABLE (Schedule 6)	To This Bank	
ACCOUNTS RECEIVABLE				Other Notes Payable	
NOTES RECEIVABLE (Schedule 3)			OIL & GAS RELATED DEBT (Schedule 8)		
NET CASH VALUE OF INS. & ANNUITIES (Schedule 4)			TAXES OWING	Income Taxes	
REAL ESTATE (Schedule 7)	Homestead			Other Taxes	
	Other Wholly-Owned R/E		ACCOUNTS PAYABLE		
	Partial Ownership in R/E		ESTIMATED CREDIT CARD BALANCE		
OIL & GAS INTERESTS (Schedule 8)			OTHER LIABILITIES (Itemize on page 4)		
AUTOMOBILES					
DEFERRED COMP. & RETIREMENT PLANS (Schedule 5)					
PERSONAL PROPERTY					
OTHER ASSETS (Itemize on page 4)					
TOTAL ASSETS			TOTAL LIABILITIES		
			NET WORTH (Assets less Liabilities)		
			TOTAL CONTINGENT LIABILITIES ((Schedule 9)		

INCOME/EXPENSE INFORMATION							
	SOURCES OF CASH (See note 2 on page 4)	LAST YEAR 2 ____	THIS YEAR 2 ____	PROJECTED NEXT YEAR 2 ____	USES OF CASH	THIS YEAR 2 ____	PROJECTED NEXT YEAR 2 ____
RECURRING	SALARY & WAGES				EXPENSES	INCOME TAXES &	
	COMMISSIONS, BONUS, ETC.					OTHER PAYROLL DED.	
	INTEREST & DIVIDENDS					LIVING EXP. & MISC.	
	RENTAL INCOME					RENTAL EXPENSES	
	OIL & GAS REV. AFTER OP. EXP.					OIL/GAS CAP. EXPEND.	
	OTHER BUSINESS INCOME					OTHER BUSINESS EXP.	
	OTHER:					OTHER:	
	SUBTOTAL				DEBT SERVICE	SUBTOTAL	
NON-RECURRING	COMMISSIONS, BONUS, ETC.					REG./SCHED. PYMTS.	
	SALE OF ASSETS					OTHER INTEREST	
	TAX REFUND					OTHER PRINCIPAL	
	OTHER:					CONTINGENT LIAB.	
	TOTAL CASH SOURCES				TOTAL CASH USES		
					NET CASH FLOW		

The above financial and supporting schedules, which are submitted to you (Lender) for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment.

I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me.

SIGNATURE

DATE

SCHEDULE 1 – BANKING RELATIONS – DEPOSITORY ACCOUNT

NAME(S) ON A CCOUNT	BANK NAME & LOCATION	BALANCE	TYPE OF ACCT.	ACCOUNT #	PLEDGE
TOTAL THIS BANK			TOTAL IN OTHER BANKS		

SCHEDULE 2 – STOCKS AND BONDS

NAME OF ISSUER	WHERE TRADED	SHARES OR PAR	MARKET PER SHARE	MARKET VALUE	COST	PLEDGED YES OR NO?	RESTRICTED? YES OR NO	REGISTERED IN THE NAME OF
TOTAL MARKETABLE					TOTAL NOT TRADED			

SCHEDULE 3 – NOTES RECEIVABLE

DUE FROM	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	COLLECTABLE? YES OR NO	COLLATERAL
TOTAL TO PAGE 1							

SCHEDULE 4 – LIFE INSURANCE AND ANNUITIES (Including employer provided)

COMPANY	FACE AMOUNT	BENEFICIARY	CASH VALUE	POLICY LOAN	NET CASH VALUE	INSURED	PLEDGED YES OR NO?
TOTAL TO PAGE 1							

SCHEDULE 5 – DEFERRED COMPENSATION & RETIREMENT PLANS*

TRUSTEE OR PLAN ADMINISTRATOR	TYPE OF ACCOUNT	BENEFICIARY	BALANCE/ VALUE	POLICY LOAN	NET PLAN VALUE	IN NAME OF	ACCESS RATES
TOTAL TO PAGE 1							

SCHEDULE 6-NOTES PAYABE (EXCLUDING REAL ESTATE)

DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	CURRENT YES OR NO?	COLLATERAL**
TOTAL TO PAGE 1							

*IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER(S) NAME IN THIS COLUMN.

CONTINGENT LIABILITY STATEMENT

TO: Kleberg Bank, N.A.
SUBJECT: Contingent Liability Statement

The only contingent liability that I have, other than to your bank is:

COMPANY

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated this _____ day of _____, 20__.

Signature

NOTE: If you do not have any contingent liabilities, please insert none in the above, sign, date, and return.

A contingent liability is when you have co-signed, guaranteed, or endorsed a note or account on behalf of another person or company. This includes utility companies, retail stores, banks, savings and loans, or private individuals.

CASH FLOW ANALYSIS

Name

SOURCES OF CASH

	<u>Current Year Actual</u>	<u>Next Year Projected</u>
Salaries & Wages	_____	_____
Bonuses	_____	_____
Other (itemize if significant)	_____	_____
Trust Income	_____	_____
Commissions	_____	_____
Consulting Fees	_____	_____
Interest & Dividends	_____	_____
Sale of Assets	_____	_____
Rents	_____	_____
Royalties	_____	_____
Oil & Gas	_____	_____
Farm & Ranch	_____	_____
Other	_____	_____

TOTAL SOURCES OF CASH

USE OF CASH

Personal (rent, house payments, food, etc.)	_____	_____
Business Expense (auto, rent, entertainment)	_____	_____
Insurance	_____	_____
Property Taxes	_____	_____
Federal Income Taxes	_____	_____
Other	_____	_____

OTHER

Debt Service (principal & interest) (list each note separately)		
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

TOTAL USE OF CASH

CASH FLOW SURPLUS (DEFICIT)

Signed

Date