



FIRST COMMUNITY BANK

Other Banks Have Branches, We Have Roots.

CONFIDENTIAL FINANCIAL STATEMENT

JOINT SPOUSAL STATEMENT INDIVIDUAL STATEMENT
FCOM 1037 (4/03)

NAME			SOCIAL SECURITY NUMBER			DATE OF BIRTH			DRIVER'S LICENSE NUMBER		
HOME ADDRESS				CITY	STATE	ZIP	HOME PHONE NO.		MOBILE PHONE NO.	FAX NO.	DEPENDENTS
NAME OF EMPLOYER			ADDRESS OF EMPLOYER				CITY	STATE	ZIP		
POSITION	YEARS	BUSINESS PHONE	NAME OF CPA		BUSINESS PHONE	NAME OF ATTORNEY		BUSINESS PHONE			

NAME OF SPOUSE (IF APPLICABLE)*			SOCIAL SECURITY NUMBER			DATE OF BIRTH			DRIVER'S LICENSE NUMBER		
SPOUSE'S HOME ADDRESS (IF DIFFERENT)				CITY	STATE	ZIP	HOME PHONE NO.		SPOUSE'S DEPENDENTS		
SPOUSE'S NAME OF EMPLOYER			ADDRESS OF EMPLOYER				CITY	STATE	ZIP		
POSITION	YEARS	BUSINESS PHONE	NAME OF CPA		BUSINESS PHONE	NAME OF ATTORNEY		BUSINESS PHONE			

FINANCIAL STATEMENT AS OF _____ 20 _____

ASSETS		(OMIT CENTS)
CASH	IN FIRST COMMUNITY BANK	
	IN OTHER BANKS	
SECURITIES (SCHEDULE 1)	MARKETABLE	
	NON-MARKETABLE	
	RESTRICTED CONTROL STOCK	
REAL ESTATE (SCHEDULE 6)	HOMESTEAD	
	REAL ESTATE OWNED	
	PARTIAL INTEREST IN R/E	
NOTES AND ACCOUNTS RECEIVABLE (SCHEDULE 2)		
CASH VALUE OF LIFE INSURANCE - NET (SCHEDULE 3)		
AUTOMOBILES AND EQUIPMENT		
OIL AND GAS INTERESTS (SCHEDULE 4)		
OTHER PERSONAL PROPERTY (ITEMIZE)		
OTHER ASSETS (ITEMIZE)		
TOTAL ASSETS		

LIABILITIES		(OMIT CENTS)
DUE TO BROKERS IN MARGIN ACCOUNTS		
NOTES PAYABLE TO FIRST COMMUNITY BANK (SCHEDULE 5)	UNSECURED	
	SECURED	
NOTES PAYABLE TO OTHER BANKS (SCHEDULE 5)	UNSECURED	
	SECURED	
MORTGAGES PAYABLE (SCHEDULE 6)	HOMESTEAD	
	REAL ESTATE OWNED	
	PARTIAL INTEREST IN R/E	
OTHER NOTES OR ACCOUNTS PAYABLE (SCHEDULE 5)		
TAXES OWING	INCOME TAXES	
	OTHER TAXES	
REVOLVING ACCOUNTS/CREDIT CARDS		
OTHER LIABILITIES (ITEMIZE)		
TOTAL LIABILITIES		
NET WORTH		
TOTAL LIABILITIES AND NET WORTH		

AGGREGATE CONTINGENT LIABILITIES \$ _____ (From Page Three)

CASH FLOW STATEMENT			
SOURCES OF CASH	LAST YEAR		THIS YEAR PROJECTED
	20	20	
SALARIES, WAGES (GROSS)			
SPOUSE'S SALARIES, WAGES (GROSS)*			
COMMISSIONS, BONUSES			
RENTAL INCOME			
INTEREST / ROYALTIES / DIVIDENDS			
DISTRIBUTION FROM ESTATES & TRUSTS			
CASH RECEIVED FROM INDIVIDUAL BUSINESS, PARTNERSHIP, OR JOINT VENTURES			
ALIMONY & CHILD SUPPORT			
OTHER (SPECIFY)			
TOTAL CASH RECEIVED	\$	\$	
USES OF CASH		LAST YEAR	
		20	20
DEBT OBLIGATIONS - PRINCIPAL & INTEREST (SCHEDULE 5)			
MORTGAGE LOANS - PRINCIPAL & INTEREST (SCHEDULE 6)			
INSURANCE (AUTO, HOME, LIFE, MEDICAL)			
LIVING EXPENSES			
REVOLVING CHARGE ACCOUNT PAYMENTS (EXCLUDING LIVING EXPENSES)			
IRA / PENSION / KEOGH / THRIFT			
BUSINESS PAYMENTS RELATED TO INDIVIDUAL BUSINESS, PARTNERSHIP, OR JT. VENTURE			
INCOME TAXES (WITHHOLDING, QUARTERLY ESTIMATES, & ANNUAL PAYMENTS)			
ALIMONY & CHILD SUPPORT			
OTHER (SPECIFY)			
TOTAL CASH OUTLAYS		\$	\$
CASH FLOW SURPLUS (Deficit)		\$	\$

*Spouse information need not be revealed unless you reside in the State of Texas, or other community property state.
**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying obligations.

INITIALS _____

SCHEDULE 1 – STOCKS AND BONDS

NUMBER OF SHARES	NAME OF ISSUER	WHERE TRADED	COST	MARKET VALUE PER SHARE	TOTAL MARKET VALUE	PLEGGED** YES OR NO	RESTRICTED* YES OR NO	REGISTERED IN NAME OF

*RESTRICTED SECURITIES MEANS RESTRICTIONS IMPOSED BY LETTER, LEGEND, OR CONTROL.

**PLEGGED INCLUDES ANY MARGIN DEPOSIT, TRANSFERS, CONDITIONAL SALES, ASSIGNMENTS, CHARGES, ENCUMBRANCES, PLEDGES, HYPOTHECATIONS, SECURITY INTERESTS, OR OTHER SIMILAR DISPOSITIONS.

SCHEDULE 2 – NOTES AND ACCOUNTS RECEIVABLE (INCLUDING REAL ESTATE)

MAKER	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	FREQUENCY	MATURITY	COLLECTABLE YES/NO	COLLATERAL, IF ANY

NOTE: IF PRIOR LIENS EXIST ON ANY REAL ESTATE NOTES LISTED ABOVE, PLEASE INDICATE LIEN HOLDER AND AMOUNT ON PAGE 4.

SCHEDULE 3 – LIFE INSURANCE

COMPANY	FACE AMOUNT	CASH SURRENDER OR LOAN VALUE	POLICY LOAN (IF ANY)	IS POLICY OR C/V ASSIGNED?	INSURED	BENEFICIARY

SCHEDULE 4 – OIL AND GAS INTERESTS

LOCATION AND DESCRIPTION	MONTHLY REVENUE	MONTHLY EXPENSES	MONTHLY NET INCOME	PRESENT VALUATION	VALUATION BY WHOM

SCHEDULE 5 - NOTES AND ACCOUNTS PAYABLE

DUE TO	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	FREQUENCY	MATURITY	CURRENT YES/NO	COLLATERAL, IF ANY

SCHEDULE 6-REAL ESTATE

ITEM NO.	LOCATION, SIZE AND IMPROVEMENTS	MARKET VALUE	* TYPE APPRAISAL	COST	YEAR ACQUIRED	MONTHLY INCOME	RELATED INDEBTEDNESS				
							MONTHLY PAYMENT	TAXES CURRENT/Y/N	LIEN HOLDER	ORIGINAL AMOUNT	PRESENT BALANCE

HOMESTEAD (LIST ON PAGE 1)

1											
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REAL ESTATE OWNED

2											
3											
4											
5											
6											
7											

TOTAL OF LINES 2 THROUGH 7 TO PAGE 1

UNDIVIDED INTERESTS IN REAL ESTATE

LOCATION SIZE AND IMPROVEMENTS	% OWNERSHIP	RECOURSE/ NON-RECOURSE	MARKET VALUE	* TYPE APPRAISAL	COST	YEAR ACQUIRED	MONTHLY INCOME	RELATED INDEBTEDNESS					
								MONTHLY PAYMENT	TAXES CURRENT/Y/N	LIEN HOLDER	ORIGINAL AMOUNT	PRESENT BALANCE	
8													
9													
10													
11													
12													

YOUR % OF MARKET VALUE AND DEBT (TO PAGE 1)

NOTE: THE LEGAL AND EQUITABLE TITLE TO ALL THE REAL ESTATE LISTED ABOVE IS SOLELY IN MY NAME EXCEPT AS FOLLOWS (LIST ITEM NO. AND LEGAL OWNER):

IF YOUR LIABILITY EXCEEDS YOUR OWNERSHIP %, PLEASE INDICATE AMOUNT IN CONTINGENT LIABILITY SECTION ON PAGE 1.

* PLEASE INDICATE MARKET VALUE SOURCE: MAI (M) SELF (S), TAXING BODY APPRAISAL, OTHER _____.

MARITAL STATUS: MARRIED SEPARATED UNMARRIED (INCLUDING SINGLE, DIVORCED & WIDOWED)

CONTINGENT LIABILITIES	YES	NO
DO YOU HAVE ANY CONTINGENT LIABILITIES	_____	_____
ARE YOU AN ENDORSER, COMAKER, OR COSIGNOR ON ANY DEBT?	_____	_____
ARE YOU A GUARANTOR ON ANY DEBT?	_____	_____
ARE YOU LIABLE ON LEASES OR CONTRACTS?	_____	_____
ARE YOU LIABLE UNDER LETTERS OF CREDIT?	_____	_____
ARE YOU LIABLE FOR ANY OTHER OBLIGATIONS OR SPECIAL EXPENSES SUCH AS ALIMONY CHILD SUPPORT, SEPARATE MAINTENANCE, ETC.?	_____	_____

If the answer to any of the above question is YES, please specify the contingencies on Page 4 or include an attachment outlining the Contingency Debt, Holder of Debt, Debt Amount, Repayment Terms, and Repayment Source.

INITIALS _____

GENERAL INFORMATION	YES	NO
ARE YOU THE PARTNER OR OFFICER IN ANY OTHER VENTURES?	_____	_____
ARE YOU THE DEFENDENT IN ANY SUIT OR LEGAL ACTION?	_____	_____
HAVE YOU BEEN THROUGH BANKRUPTCY OR MADE AN ASSIGNMENT FOR THE BENEFIT OF CREDITORS IN THE PAST 10 YEARS?	_____	_____
ARE ANY ASSETS OTHER THAN REAL ESTATE AND SECURITIES PLEDGED?	_____	_____
ARE YOU A PARTY TO ANY SUIT OR ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU?	_____	_____
ARE ANY ASSETS HELD IN A TRUST, ESTATE, OR ANY OTHER NAME OR CAPACITY?	_____	_____
ARE ANY ASSETS CLAIMED AS SEPARATE PROPERTY BY SPOUSE?	_____	_____
HAVE YOU HAD PROPERTY FORECLOSED UPON OR EXCHANGED TITLE TO PROPERTY AS DEBT SATISFACTION IN THE LAST 7 YEARS?	_____	_____
DO YOU HAVE A WILL?	_____	_____
DO YOU HAVE A TRUST IN YOUR WILL?	_____	_____
EXECUTOR'S NAME	_____	

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE STATE AMOUNT & DESCRIBE DETAILS ON PAGE FOUR.

