		PE	ERSONAL FINANCIAL STATEMENT	CONFIDENTIAL			
			IMPORTANT: DIRECTIONS TO	APPLICANT			
To: OLMSTED NATIONAL BANK	NK	Read directions before completing Financial Statement. Please check appropriate box					
Address: 975 34TH AVENUE NW		Individual credit					
ROCHESTER, MN 55901			If relying on your own income and assets and not the income and assets of a spouse or another				
(507) 280-0621			person as a basis for extension or repayment or credit, complete the Financial Statement below only as itapplies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.				
Personal Financial Statement as of:			Joint Credit				
	(DATE)		Individual relying upon income or assets of spouse	e or other person.			
APPLICANT'S NAME(S):			If applying for joint credit or for individual credit relying on inco person for extension and repayment of credit requested, comp Include information about income, assets and liabilities of thes Applicant and Spouse or Co-Applicant sign this statement.	blete the Financial Statement below.			
HOME ADDRESS:		BUSINES	SS ADDRESS:	BUSINESS NAME:			
HOME PHONE NO.:		BUSINESS PHONE NO.:					
Please do not leave any questions unanswere	ed. Use "no" or "none"	where nece					
Assets	In Even Dol	lara	Liabilities and Net Worth	In Even Dollars			
Cash on hand and in Banks—See Schedule A	III Even Don	1015	Notes Payable: This Bank—See Schedule A	III Even Donars			
U.S. Government Securities—See Schedule B			Notes Payable: Other Institutions—See				
Listed Securities—See Schedule B			Schedule A				
Unlisted Securities—See Schedule B			Notes Payable—Relatives				
Other Equity Interests—See Schedule B			Notes Payable—Others				
Accounts and Notes Receivable			Accounts and Bills Due				
Real Estate Owned—See Schedule C			Unpaid Taxes				
Mortgages and Land Contracts Receivable—			Real Estate Mortgages Payable—See				
See Schedule D			Schedule C or D				
Cash Value Life Insurance—See Schedule E			Land Contracts Payable—See Schedule C or D				
Other Assets: Itemize			Life Insurance Loans—See Schedule E				
			Other Liabilities: Itemize				
			TOTAL LIABILITIES	\$ -			
			NET WORTH	\$ -			
TOTAL ASSETS	\$	-	TOTAL LIABILITIES AND NET WORTH	\$ -			

Sources of Income	In Even Dollars	General Information					
Salary		Employer:		No. Years:			
Bonus and Commissions		Position or Profession:					
Dividends		Employer's Address:					
Real Estate Income		Phone No.					
*Other Income: Itemize		Partner, officer or owner in any other venture? (Yes/ No) If Yes, explain:					
TOTAL	\$-	Are any assets pledged? (Yes/No) If Yes, Detail in Schedule A					
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under o court order o written agreement o oral understanding.			Income taxes settled through (Date):				

PERSONAL FINANCIAL STATEMENT ATTACHED SCHEDULES

Contingent Liabilities:	In Even Dollars	General Information (continued)					
As endorser, co-maker or guarantor		Are you a defendant in any suits or legal action? (Yes/No)					
On leases		If Yes, explain:					
Legal claims		Have you ever taken bankruptcy? (Yes /No)					
Provision for federal income taxes		If Yes, explain:					
Other special debt, e.g., recourse or repurchase liability		Do you have a will?		With whom?			
		Do you have a trust?		With whom?			
TOTAL	\$ -	Number of dependents:		Ages:			

Schedule A: Banks, Brokers, Savings deposit account and/or where you have	-	nce Companies or Credit U	nions. List here	the names of all the	institutions at w	hich you maintain a
Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
	TOTAL	\$-	TOTAL	\$-	\$-	

Number of	Indicate:		Pledged			
Shares, Face Value (Bonds), or % of Ownership	 Agency or name of company issuing security or name of partnership Type of investment or equity classification Number of shares, bonds or % of ownership held Basis of valuation* 	In Name of	*Market Value	Yes	No	
		TOTAL	\$-			

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule E: Life Insurance Carried								
Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary				
TOTAL	\$-	\$-	\$-					

PERSONAL FINANCIAL STATEMENT ATTACHED SCHEDULES

Schedule C: Real Estate Owned (and related de	ebt, if applicable)					Schedule C: Real Estate Owned (and related debt, if applicable)							
Description of	Title in	Date	Cost +	Present	Mortga	age or Land Contra	ict Payable						
Property or Address	Name Of	Acq.	Improvements	Mkt. Value	Bal. Owing	Mo. Payt.	Holder	Rent					
		TOTAL	\$-	\$ -	\$-	\$-		\$ -					

Description of	Title in	Date	Balance	Monthly	Mortgage or Land Contract Payable		
Property or Address	Name Of	Acq.	Receivable	Payment	Bal. Owing	Mo. Payt.	Holder
		TOTAL	\$-	\$-	\$-	\$-	

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

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 above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature	Date Signed	Social Sec. No.	Date of Birth
Spouse's or Co-Applicant's Signature	Date Signed	Social Sec. No.	Date of Birth