

UHLE INSURANCE SERVICES

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PERSONAL FINANCIAL STATEMENT

AS OF _____, 20 _____

NOTE: This form is to be used for PERSONAL FINANCIAL STATEMENTS only. NOT TO BE USED FOR BUSINESS STATEMENTS

PERSONAL FINANCIAL STATEMENT OF:

NAME _____ S.S. NO. _____ D.O.B. _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

NAME OF SPOUSE _____ S.S. NO. _____ D.O.B. _____

BUSINESS PHONE _____ HOME PHONE _____

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank)	Notes payable to (names and addresses):	
Cash In following banks (names and addresses):	
.....	
.....	Sales contracts & chattel mtgs. (Sch 6)	
Stocks and bonds (Schedule 1)	Accounts payable	
Accounts receivable (Schedule 2)	Current portion of long term debt	
Notes receivable	Other current liabilities (Schedule 6)	
Other current assets (Itemize):	
.....	
.....	Current year's income taxes unpaid	
.....	Prior year's income taxes unpaid	
.....	Real estate taxes unpaid	
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	
FIXED ASSETS	LONG TERM LIABILITIES	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence	Residence	
Other	Other	
Cash value of life Insurance (Schedule 5):	Borrowed on life insurance (schedule 5):.....	
Other assets and Investments (Schedule 6):	Other long term debt (Schedule 6):	
.....	
.....	
.....	TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

SCHEDULE 1. STOCKS AND BONDS

Name of security	No. shares	If any pledged, state to whom and for what purpose	Dividends paid last two years	Market value	Book value
TOTALS				\$	\$

SCHEDULE 2. ACCOUNTS RECEIVABLE

Name and address (street and city) from whom due	For what is it due	When sold	When due	Amount
TOTALS				\$

SCHEDULE 3. NOTES RECEIVABLE

Name and address (street and city) from whom due	For what due	How secured	Date	Maturity	Amount
TOTALS					\$

SCHEDULE 4. REAL ESTATE

Description of property	Title in name of	Market value	Cost	DATE acquired	Amount encumbrance	Monthly payments	Monthly income
TOTALS		\$	\$	\$	\$	\$	\$

SCHEDULE 5. LIFE INSURANCE - CASH VALUE

Name of company	Policy number	Name of Insured	Beneficiary	Face value	Cash value	Amount borrowed

SCHEDULE 6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Uhle Insurance Services upon request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNED AND SEALED THIS _____ DAY OF _____ 20 _____
