

SCHEDULE 2 - MARKETABLE SECURITIES (Stocks, Bonds, Gov't Issues, Mutual Funds, etc.)

DESCRIPTION OF SECURITIES	FACE OR # SHARES	MARKET VALUE	PLEGDED (Y/N)?	MARGIN DEBT	YEARLY INCOME
		\$ -		\$ -	\$ -

SCHEDULE 3 - NON-MARKETABLE SECURITIES

DESCRIPTION OF SECURITIES	FACE OR # SHARES	MARKET VALUE	PLEGDED (Y/N)?	DEBT	Cost
		\$ -		\$ -	\$ -

SCHEDULE 4 - LIFE INSURANCE

COMPANY	FACE AMOUNT	CASH SURRENDER OR LOAN VALUE	POLICY LOAN (IF ANY)	NET CASH VALUE	IS POLICY ASSIGNED	BENEFICIARY
				\$ -		

SCHEDULE 5 - INVESTMENTS IN PARTNERSHIPS

PARTNERSHIP NAME	GENERAL / LIMITED	PERCENT OWNED	COST	MARKET VALUE	DEBT	ANNUAL PAYMENTS	ANNUAL DIST.	ANNUAL CONTRIB.
				\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE 6 - REAL ESTATE

LOCATION	PERCENT OWNED	COST	MARKET VALUE	DEBT	LIENHLDR	ANNUAL PAYMENTS	ANNUAL INCOME	ANNUAL EXPENSE
Homestead Address:								
Other R/E Addresses:								
			\$ -	\$ -		\$ -	\$ -	\$ -

SCHEDULE 7 - IRAs & RETIREMENT PLANS

TYPE	% VESTED	BALANCE	DEBT	NET VALUE
		\$ -	\$ -	\$ -

SCHEDULE 8 - OIL & GAS INTERESTS

TYPE OF INTEREST	% OWNED	VALUATION	BALANCE	LIENHOLDER	ANNUAL PAY TERMS	ANNUAL INCOME	ANNUAL EXPENSES
		\$ -	\$ -		\$ -	\$ -	\$ -

SCHEDULE 9 - NOTES RECEIVABLE

NAME & ADDRESS OF MAKER	PURPOSE	ORIGINAL DATE	ORIGINAL BALANCE	CURRENT BALANCE	MATURITY	ANNUAL PAYMENTS	COLLATERAL
			\$ -	\$ -		\$ -	

SCHEDULE 10 - NOTES PAYABLE

FIN. INSTITUTION	PURPOSE	ORIGINAL DATE	ORIGINAL BALANCE	CURRENT BALANCE	MATURITY	ANNUAL PAYMENTS	COLLATERAL
			\$ -	\$ -		\$ -	

SCHEDULE 11 - CONTINGENT OBLIGATIONS

Instructions: State Total Amount by Type of Liability & Describe

A. AS GUARANTOR OR ENDORSER		E. LETTERS OF CREDIT	
B. ON LEASES OR CONTRACTS		F. FUTURE CAPITAL CONTRIBUTIONS	
C. FOR LEGAL CLAIMS OR JUDGMENTS		G.	
D. INCOME TAX CLAIM OR DISPUTE		TOTAL: A-G	

DESCRIBE (A-G ABOVE)	BENEFICIARY PARTY	AMOUNT OBLIGATED AND WHEN OBLIGATED	PURPOSE OR EXPLANATION	MATURITY EXPIRATION

OTHER INSURANCE COVERAGE

AUTO	HOME/REAL ESTATE	HEALTH/DISABILITY
INSURANCE CO.	fa	INSURANCE CO.
POLICY NO.	POLICY NO.	POLICY NO.
COVERAGE	COVERAGE	COVERAGE
AGENT NAME	AGENT NAME	AGENT NAME
PHONE #	PHONE #	PHONE #