



Los Angeles, CA 90017 USA Tel: 310-649-0990

## **Personal Financial Statement**

Not to be used for Business Statements

ersonal financial statement for	SSN	SSN					
	Name						
	Street Address, City, State, ZIP						
	one No Bus. Phone No						
Name of Spouse	Dus. Filolie No.						
As of _							
•	Month Day Year						
CURRENT ASSETS	CURRENT LIABILITIES						
Cash on hand (not in bank)	Notes payable to (names & addresses):						
Stocks and bonds (Schedule 1)	Sales Contracts & Chattel Mtgs. (Sch. 6)  Accounts payable						
	Current Year's Income Taxes Unpaid						
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES						
FIXED ASSETS	LONG TERM LIABILITIES						
Real estate (Schedule 4):  Residence Other  Cash value of life insurance (Schedule 5)  Other assets and investments (Schedule 6)	Real estate debt (Schedule 4): Residence Other Borrowed on life insurance (Schedule 5) Other long term debt (Schedule 6)						
	TOTAL LONG TERM LIABILITIES						
TOTAL FIXED ASSETS	NET WORTH						
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH						
	1						

Name of Security	No. Shares	Shares If any pledge, State to		Whom and for What Purpose			Div. Paid Last 2 Yrs		Ma	Market Value		В	ook Value	
								TOTALS		\$			\$	
2. ACCOUNTS REC		city) From	Whom Due		F	or What i	s it Du	Δ	Whe	n Sold	Whe	n Due	Am	ount
rame and radies	, (Street and t	)	vviioiii Buc			or what i	o it Da		VVIIC	10010	VVIIC	II Duc	7 (11)	
				<u> </u>							TOT	AL.	\$	
3. NOTE RECEIVAB	LE													
Name and Address (street and city) From Whom Due		For What Due		Но	How Secured		Date		iturity	A	Amount			
											TOT	\ 1	Φ.	
											TOTA	AL.	\$	
4. REAL ESTATE								Date	Δ	mount		Mon	thlv	Monthly
Description of Prop	on of Property Title in Name of		Market Value Cost			Acquired	Encumbrance		се	Payments		Income		
	<b>'</b>			TOTAL	-									
5. LIFE INSURANCE					T _		1							
Name of Compan	y Policy	Number	Name of Insured		ured Beneficiary			Face Value		Cash Value		Amount Borrow		Borrowed
6. OTHER ASSETS AND LIABILITIES Other Current Assets (itemize)				T	Other Current Liabilities (itemize)							Amount		
		,						,						
The information cont persons, firms or co undersigned underst deciding to grant or consider this stateme make all inquiries you authorized to answer	rporations in ands that yo continue crecent as continuous deem necessity.	whose bu are rely dit. Each uing to be essary to	ehalf the und- ving on the in undersigned re true and corre verify the acc	ersigned formation epresent ct until a curacy o	d may e on provices and w a written f the sta	ither sev ded here varrants t notice of	erally n (incl nat <u>the</u> a cha	or jointly with luding the desented information progeries in given to	other, signation or ovided by you by	execute made is true the und	a gua as to and co dersign	aranty ir owners omplete ned. Yo	n your hip of and t u are	favor. Ea property) hat you m authorized
					Sig	ınature								

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_