

AND ITS OPERATING DIVISIONS

Marysville Bank 200 Front Street P.O. Box B Marysville, PA 17053-0017 Halifax Bank 3rd and Market Streets P.O. Box A Halifax, PA 17032-0900

/OVER)

PERSONAL FINANCIAL STATEMENT

Complete this form for each individual borrower ar	id guara	As of ntor.						
Name (List both names if joint statement)			Business Phone					
Residence Address		Residence Phone						
City, State & Zip Code								
Business Name of Applicant/Borrower								
ASSETS	(Omit Cents)			LIABILITIES		(Omit Cents)	
Cash on hand & In Banks			Accounts Payable			\$		
,	(Describe in Section 1)			Notes Payable to Banks and Others (Describe in Section 2)			\$	
Savings Accounts IRA or Other Retirement Account				Installment Account (Auto)			\$	
Accounts & Notes Receivable				Mo. Payments \$			Ψ	
Cash Surrender Value Life insurance \$				Installment Account (Other)			\$	
(Describe in Section 8)					Payments \$			
Stocks and Bonds \$				Loan on Life Insurance			\$	
(Describe in Section 3)				Mortgages on i	Real Estate scribe in Section 4	1	\$	
Real Estate (Describe in Section 4)	\$			Unpaid Taxes	, or to control 14,	•		
Automobile-Present Value	s				scribe in Section 6)	Ψ	
Other Personal Property	\$			Other Liabilities			5	
(Describe in Section 5)				(Des	scribe in Section 7)		
Other Assets	\$			Total Liabilities			\$	
(Describe in Section 5)				Net Worth			\$	
Total	\$	· ·				Total	\$	
Section 1. Cash on hand and in banks.								
Type of account		Current	Balance			Where held		
	.,							
·								
Section 2. Notes Payable to Banks and Others.	(Use a	ttachments i	if necessa	ıry. Each attach	ment must be iden	itified as a part of th	is statement and signed.)	
		Original	Currer	t Payment	Frequency		ured or Endorsed	
Name and Address of Noteholder(s)		Balance	Balanc	e Amount	(monthly, etc.)	Туре	of Collateral	
					 			
						<u> </u>		
					-			
					1			
						1		

Number of Shares Name		Securities	Cost	Market Value	Date of	Total Value
Transpar of Ondrea	, rome o	Geografica	GOST	Quotation/Exchange	Quotation/Exchange	Total Value
ection 4. Real Estate C)wned.	(List each parcel separa	ntely. Use attachment i	f necessary. Each attac	hment must be identi	fied as a part
化对应性 医电子性 医二氏性神经炎		of this statement and si	gned.) Property	B Pro	perty C	Property D
rpe of Property		1 Toperty A	Troperty		perty G	Floperty D
ddress						
ate Purchased						
riginal Cost						
resent Market Value						
ame&						
ddress of Mortgage H	older					
ortgage Account Num	ber					
lortgage Balance		*** 181 *** 8.10*** 100** 100** 100** 100**				
mount of Payment per	Month/Year					
Status of Mortgage						
<u> </u>		(Describe, and if	any is pledged as sec	urity, state name and a	ddress of lien holder.	amount of lien, ter
ection 5. Other Person	al Property and Other A	of payment and	if delinquent, describe	delinquency)		•
ection 6. Unpaid Taxes	s. (Describe in deta	il, as to type, to whom pa	yable, when due, amo	unt, and what property	if any, a tax lien attac	:hes.)
ection 6. Unpaid Taxes	s. (Describe in deta	il, as to type, to whom pa	ayable, when due, amo	unt, and what property	if any, a tax lien attac	:hes.)
ection 6. Unpaid Taxes	s. (Describe in deta	il, as to type, to whom pa	ayable, when due, amo	unt, and what property	if any, a tax lien attac	thes.)
ection 6. Unpaid Taxes	;. (Describe in deta	il, as to type, to whom pa	ayable, when due, amo	unt, and what property	if any, a tax lien attac	ches.)
·	•		ayable, when due, amo	unt, and what property	if any, a tax lien attac	ches.)
,	•		ayable, when due, amo	unt, and what property	if any, a tax lien attac	ches.)
,	•		ayable, when due, amo	unt, and what property	if any, a tax lien attac	ches.)
,	•		ayable, when due, amo	unt, and what property	if any, a tax lien attac	ches.)
,	•		ayable, when due, amo	unt, and what property	if any, a tax lien attac	thes.)
ection 7. Other Liabilit	ies (Describe in d					
ection 7. Other Liabilit	ies (Describe in d	letail.)				
Section 7. Other Liabilit	ies (Describe in d	letail.)				
Section 7. Other Liabilit	ies (Describe in d	letail.)				
ection 7. Other Liabilit ection 8. Life Insuranc authorize Lender to m nd the statements con	ies (Describe in describe in d	letail.)	nder value of policies	name of insurance con	npany and beneficiar	es)
Section 6. Unpaid Taxes Section 7. Other Liabilit Section 8. Life Insuranc authorize Lender to m and the statements com boan or guaranteeing a li Signature:	ies (Describe in describe in d	e amount and cash surrest	nder value of policies	name of insurance con made and to determin . These statements are	npany and beneficiar	es)