

Section 3 – Stocks & Bonds (Use attachments as necessary. Each attachment must be identified as a part of the statement, signed and dated.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation Or Exchange	Date of Quotation Or Exchange	Total Value

Section 4 – Real Estate Owned (List each parcel separately. Each attachment must be identified as a part of the statement, signed and dated.)							
Type of Property Address of Property	Date Purchased	Original Cost	Present Market Value	Mortgage Balance	Monthly Payments	Monthly Rental Income	Name & Address of Mortgage Lender

Section 5 – Other Personal Property & Other Assets including business investments not described above (Describe, and if any is pledged as security, provide details of debt in Section 2 above. If assets are pledged for the debt of others, state name and address of lienholder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6 -- Unpaid Taxes (Describe in detail: type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7 – Other Debt (Describe in detail.)

Section 8 – Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

I authorize Westwater Financial, Inc. to make inquiries as necessary to verify the accuracy of the statements made and to determine my Creditworthiness. I certify that the statements contained in the attachments and above are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan, equity capital, a guaranty or some other financial accommodation. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Have you ever filed bankruptcy? Yes _____ No _____ Do you have a will? Yes _____ No _____
 Do you have life insurance? Yes _____ No _____ Do you have disability insurance? Yes _____ No _____

Signature: _____ Date: _____ Social Security #: _____

Spouse's Signature: _____ Date: _____ Social Security #: _____