



CONFIDENTIAL FINANCIAL STATEMENT

INDIVIDUAL FORM

| | | | |
|---------------------|-------------|-------------------------|-------------|
| Name: | | Co-Applicant Name: | |
| Address: | | Co-Applicant's Address: | |
| | | | |
| Home Telephone: | Cell Phone: | Home Telephone: | Cell Phone: |
| Soc. Sec. # | D.O.B. | Soc. Sec. # | D.O.B. |
| Occupation: | | Occupation: | |
| Business Telephone: | | Business Telephone: | |
| Employer: | | Employer: | |

FILL IN BACK OF STATEMENT FIRST & LEAVE NO BLANKS.

FINANCIAL CONDITION AS OF _____

| ASSETS | DOLLARS | LIABILITIES | DOLLARS |
|--|-----------|---|-----------|
| Cash in LCNB | \$ | Notes Payable | |
| Cash in Other Institutions (Schedule 1) | | To LCNB - Secured | \$ |
| Marketable Securities (Schedule 2) | | To LCNB - Unsecured | |
| Non-Marketable Securities (Schedule 2) | | To-Other Institutions - Secured | |
| IRA/Keogh/SEP Plans (Schedule 3) | | To-Other Institutions - Unsecured | |
| Vested Pension/Profit Sharing/401(k) (Sch 3) | | | |
| Cash Value of Life Insurance (Schedule 4) | | Mortgages -Primary Residence (Schedule 6) | |
| Accounts and Notes Receivable (Schedule 5) | | Mortgages -Other Real Estate (Schedule 6) | |
| Real Estate-Appraised Value (Schedule 6) | | Due to Brokers, Margin Accounts | |
| Investment R/E, % of Equity (Schedule 6) | | Revolving loans, credit cards, etc. | |
| Personal Property | | | |
| Autos-type & year | | Life Insurance Loans | |
| | | Unpaid Income Taxes | |
| | | Other Liabilities (Itemize) | |
| Other Assets-(Itemized) | | | |
| | | | |
| | | TOTAL LIABILITIES | |
| | | NET WORTH - Assets minus Liabilities | |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES & NET WORTH | \$ |

CONTINGENT LIABILITIES:

Amount of judgments or suits pending, if any _____

Liability as guarantor or cosigner for Accounts and Notes of others _____

Name _____ Amount \$ _____

Name _____ Amount \$ _____

Name _____ Amount \$ _____

Liability for leases on real estate _____ Amount \$ _____

Any other liabilities? _____ Amount \$ _____

QUESTIONS REGARDING ASSETS:

Are you a partner in any firm? _____ What firm? _____

Have you ever declared bankruptcy? _____ If yes, when: _____

Any assets held in Trust, Living Trust, etc? _____ Type _____ Name _____

Assets _____ Amount \$ _____

Assets _____ Amount \$ _____

Any assets held in Family Ltd. Partnership? _____ Type _____ Name _____

Assets _____ Amount \$ _____

Assets _____ Amount \$ _____

Any assets pledged or hypothecated other than above indicated _____

If more room is needed, please attach additional page.

DETAILS RELATIVE TO ASSETS AND LIABILITIES (if space is insufficient, attach supplemental list)

| SCHEDULE 1-Cash on Deposit | | | | | |
|----------------------------|------|--------|--------------------|------|--------|
| Name of Depository | Type | Amount | Name of Depository | Type | Amount |
| | | \$ | | | \$ |
| | | | | | |
| | | | | | |

| SCHEDULE 2-Securities | | | | | | |
|--|--------------------------------|------------------|-----------------------|---------------|------------------|----------------------|
| Marketable Securities (or attach Brokerage Statements and indicate totals) | | | | | | |
| Quantity | Description (Include Maturity) | Registered Owner | Restricted or Pledged | Date Acquired | Acquisition Cost | Current Market Value |
| | | | | | \$ | \$ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Non-Marketable Securities | | | | | Total | \$ |
| | | | | | \$ | \$ |
| | | | | | | |
| | | | | | Total | \$ |

| SCHEDULE 3-Retirement Plans | | | | | |
|--|-------|--------------------|-------------|-----------------|----|
| IRA/Keogh/SEP Plans (or attach Account Statements and indicate totals) | | | | | |
| Institution | Owner | Account Number | Date Opened | Current Balance | |
| | | | | \$ | |
| | | | | | |
| | | | | | |
| Vested Pension/Profit Sharing/401K Plans | | | | Total | \$ |
| Company | Owner | Investment Manager | Type | | |
| | | | | \$ | |
| | | | | | |
| | | | | | |
| | | | | Total | \$ |

| SCHEDULE 4-Life Insurance | | | | | |
|---------------------------|-------|-------------|-------------|------------|--------------|
| Cash Value Life Insurance | | | | | |
| Insurance Company | Owner | Beneficiary | Face Amount | Cash Value | Loan Balance |
| | | | \$ | \$ | \$ |
| | | | | | |
| Totals | | | \$ | \$ | \$ |

| SCHEDULE 5-Notes and Accounts Receivable - Secured & Unsecured | | | | |
|--|-----------------|------------|-----------------|-----------------|
| Accounts and Notes Receivable | | | | |
| Due From | Repayment Terms | Collateral | Original Amount | Current Balance |
| | | | \$ | \$ |
| | | | | |
| | | | Total | |

| SCHEDULE 6-Real Estate | | | | | | |
|------------------------|------------------|----------|------|-----------------|-----------------------|-------------|
| Description & Location | Title in Name of | Purchase | | Appraised Value | Mortgage Indebtedness | |
| | | Amount | Date | | Amount | Mtg. Holder |
| | | \$ | | \$ | \$ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

The foregoing has been carefully read by the undersigned, and is given LCNB for the purpose of securing credit from time to time in whatever form. I hereby certify it is a true and correct exhibit of my/our financial condition and may be treated by you as a continuing statement thereof until replaced by a new statement, or until I specifically notify you of change therein. In consideration of any such credit which you may advance to me, or to others upon my guaranty, I agree that if at anytime this statement shall prove incorrect, in your judgment, as a statement of my then condition, or if at any time by reason of insolvency, application for receiver, or any act or omission on my part in your judgment such credit is prejudiced or impaired, all or any of my obligation to you, whether direct, indirect, contingent or fixed, shall immediately stand due and payable without demand upon or notice to me, and any money or other property owned by me and in your possession in whatever capacity may in your discretion be held and, without prior notice to me, sold and/or applied by you against any of my such obligations to you.

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to LCNB to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.

The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

SIGNATURE: _____ Date: _____
 (Applicant)
 SIGNATURE: _____ Date: _____
 (Co-Applicant)