

**DEBT MANAGMENT  
PERSONAL/CORPORATE FINANCIAL STATEMENT**

Business Name \_\_\_\_\_

State of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_\_.

**ASSETS: (omit cents)**

Cash on hand and in checking account      \$ \_\_\_\_\_

Savings account      \$ \_\_\_\_\_

Real Estate      \$ \_\_\_\_\_

Stocks and bonds      \$ \_\_\_\_\_

Other assets      \$ \_\_\_\_\_

(describe) \_\_\_\_\_

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**TOTAL ASSETS**      \$ \_\_\_\_\_

**LIABILITIES: (omit cents)**

Installment Loans      \$ \_\_\_\_\_

Accounts Payable      \$ \_\_\_\_\_

Notes Payable      \$ \_\_\_\_\_

Mortgages      \$ \_\_\_\_\_

Other Liabilities      \$ \_\_\_\_\_

(describe) \_\_\_\_\_

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**TOTAL LIABILITIES**      \$ \_\_\_\_\_

List names of banks and/or savings and loan associations (checking and savings accounts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the statements on this financial statement are true and correct and that I acknowledge the purpose of this financial statement is for the office of Secretary of State to establish financial responsibility as provided for in State Statutes 69-1205. I authorize the Secretary of State to investigate any items on this financial statement and on my initial application.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title