Phone 480-607-1122 Fax 480-607-0125 www.amerifund.cc

Personal Financial Statement		Date:						
Name:		Name Address City, State, Zip Social Security # Date of Birth Position or Occupation Business Name Bus. Address						
Address:								
City, State, Zip:								
Social Security #								
Date of Birth: Position or Occupation:								
Position or Occupation:								
Business Name:								
Bus. Address:								
City, State, Zip:		City, State, Zip Length at present Address:						
								Length of employment:
	Bus. Phone:		Bus. Phone:					
Have (either of) you or any firm in wh settled for debts for less than the am	ounts owed? If yes, please p  / suit or legal action?	rovide details on a separate sheet.	Yes XXX No, When					
Are (either of) you presently subject to any unsatisfactory judgement When, if ever, have (either of) you been audited by IRS?		ents or tax liens?	Yes XXX No, When					
when, if ever, have (either of) you be	een audited by IRS?		Yes XXX No, when					
ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS					
ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS					
Cash on Hand		Notes Payable to Banks						
Marketable Securities –		Due to Brokers						
See Schedule A								
Non-Marketable Securities – See Schedule B		Amounts Payable to Others						
Securities held by Broker in		Loans on Life Insurance –						
Margin Accounts		See Schedule E						
Restricted or Control Stocks		Accounts and Bills Due						
Restricted of Control Stocks		Accounts and Bills Due						
Partial Interest in Real Estate Equities		Unpaid Income Tax						
Partnership Interests – See Schedule C		Other Unpaid Taxes and Interest						
Real Estate Owned –		Real Estate Mortgages Payable						
See Schedule D		See Schedule D						
Retirement Account(s)		Other Debts – Itemize						
Automobiles and Other Personal		Timeshare						
Property		Tillesilate						
Other Assets – Itemize								
Circi Accolc Romazo								
Misc. Household goods								
		Total Liabilities						
		Net Worth						
Total Assets		Total Liabilities & Net Worth						
ANNUAL SOURCE OF INCOME		CONTINGENT LIABILITIES						
Salary, Bonus & Commissions		Do you have any Contingent						
•		Liabilities	_					
Dividends		As Endorser, Co-Maker, or Guaranto	1					
Real Estate Income		On Leases or Contracts						
TOTAL		Legal Claims						
Less Living Expenses		Other Special Debt						
NET INCOME		Amount of Contested Income Tax Liens						

No. of Shares or Face	CHEDULE "A" – U.S. GOVERNMENT  No. of Shares or Face Description						TIES  Market Value			Where Pledged		
Value (Bonds)	Desci	Description		in Name Oi		ivialket value			VVIICIC	i leagea		
SCHEDULE "B" – NO	ON MARKET S	SECURI	TIFS									
Description of In Name Of					Book Value Pe	Value Per Financial		No. of		Total Value of		
Securities			Owned		Statement			ares	Undersigned's			
					Dated		Outsta	Outstanding		Holdings		
SCHEDULE "C" - PA												
Location of Property or Name of	Owner of Reco		% of	Type	Year of Purchase	Cost	Market Value		gage or and	Value of		
Partnership		_	Owner- ship		Purchase		value		and ntract	Equity		
1 ditilolollip			onip					001	itiaot			
							_					
SCHEDULE "D" – RE												
Description of Property		Date Title In		Cost Market				Annual Net		Annual		
and Improvements	Acquired	inam	Name Of		Value	/alue Land	Contract	Contract Cash		ow Payment Amount		
										Amount		
SCHEDULE "E" - LI									1			
Face Amount	Name of Compa	ame of Company		ner	Benefic	ary Cash Surre Value				Loans		
							value					
 SCHEDULE "F" – N <i>A</i>	ME OF BANK	(S OP E		SE COMP	A NIES WHE	DE CDEC	NT UAC DE	EN OB	TAINED	<u> </u>		
Name and Address	Origina Origina		INAINC		Credit		e Currently			r Unsecured		
	J.19	Original Date		riigii Orcuit		Owe ourrently						
								ı				
The undersigned, as owner read and is true, correct												
mprisonment under provisi					y μιυμ <del>α</del> τι <b>ή 2</b> 110	WIT OIT UIS	iiiaiioiai Sidlei	n <del>o</del> ni col	aid result	iii iiiie aii0/0		
Signature		Da	ate	 Signature				Date				