

# Ferguson & Associates, Inc.

P.O. Box 1835  
Kingston, WA 98346

Telephone 360-297-4844  
800-843-2430  
Fax 360-297-4882

## PERSONAL FINANCIAL STATEMENT

AS OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTE: This form is to be used for PERSONAL FINANCIAL STATEMENTS only. NOT TO BE USED FOR BUSINESS STATEMENTS

PERSONAL FINANCIAL STATEMENT OF:

NAME \_\_\_\_\_ S.S. NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ S.S. NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank) _____		Notes payable to (names and addresses):	
Cash In following banks (names and addresses):		_____	
_____		_____	
_____		Sales contracts & chattel mtgs. (Sch 6) _____	
Stocks and bonds (Schedule 1) _____		Accounts payable _____	
Accounts receivable (Schedule 2) _____		Current portion of long term debt _____	
Notes receivable _____		Other current liabilities (Schedule 6) _____	
Other current assets (Itemize):		_____	
_____		Current year's income taxes unpaid _____	
_____		Prior year's income taxes unpaid _____	
_____		Real estate taxes unpaid _____	
<b>TOTAL CURRENT ASSETS</b>		<b>TOTAL CURRENT LIABILITIES</b>	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4):	
Residence _____		Residence _____	
Other _____		Other _____	
Cash value of life Insurance (Schedule 5): _____		Borrowed on life insurance (schedule 5): _____	
Other assets and Investments (Schedule 6):		Other long term debt (Schedule 6):	
_____		_____	
_____		_____	
_____		<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL FIXED ASSETS</b>		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

CONTINGENT LIABILITIES FOR ENDORSEMENTS OR GUARANTEES \$ \_\_\_\_\_ FOR OTHER PURPOSES \$ \_\_\_\_\_  
GIVE DETAILS \_\_\_\_\_

**SCHEDULE 1. STOCKS AND BONDS**

Name of security	No. shares	If any pledged, state to whom and for what purpose.	Dividends paid last two years	Market value	Book value
<b>TOTALS</b>				\$	\$

**SCHEDULE 2. ACCOUNTS RECEIVABLE**

Name and address (street and city) from whom due	For what is it due	When sold	When due	Amount
<b>TOTALS</b>				\$

**SCHEDULE 3. NOTES RECEIVABLE**

Name and address (street and city) from whom due	For what due	How secured	Date	Maturity	Amount
<b>TOTALS</b>					\$

**SCHEDULE 4. REAL ESTATE**

Description of property	Title in name of	Market value	Cost	DATE acquired	Amount encumbrance	Monthly payments	Monthly income
<b>TOTALS</b>		\$	\$	\$	\$	\$	\$

**SCHEDULE 5. LIFE INSURANCE - CASH VALUE**

Name of company	Policy number	Name of Insured	Beneficiary	Face value	Cash value	Amount borrowed

**SCHEDULE 6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES**

---



---



---



---



---



---



---



---



---



---

SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

---



---



---