FINANCIAL STATEMENT - INDIVIDUAL	□ JOINT	
TO FINANCIAL INSTITUTION NAMED:	NAME OF INDIVIDUAL:	
HOME ADDRESS	HOME PHONE SOCIAL SECURITY NUMBER	DATE OF BIRTH
NOME NOTICES	JOHN JECKIT I WINDER	Diffe of Biltin
ASSETS (Omit Cents)	LIABILITIES (Omit Cents)	<u>!</u>
Cash in this financial institution (Schedule A)	Notes payable to financial institutions (Schedule J)	
Cash in other financial institutions (Schedule A)	Other notes payable (Schedule J)	
Money Market Accounts (Schedule AJ)	Loans secured by real estate (Schedule F)	
Notes and loans receivable (Schedule B)	Life insurance policy loans (Schedule E)	
Other accounts due me (Schedule B)	Taxes (Federal, State, Local) due and unpaid	
Stocks and Bonds – marketable (Schedule C)	Credit Card indebtedness	
Other Stocks and Bonds (Schedule C)	Due to Brokers in Margin Accounts (Schedule K)	
Partnership and Proprietorship interests (Schedule D)	Other accounts and bills payable (Schedule K)	
Cash surrender value life insurance (Schedule E)		
Real Estate owned (Schedule F)		
Oil and Gas Interests (Schedule G)		
Vested Pension and Retirement Funds (Schedule H)		
IRA and Keough Plans (Schedule H)		
Other personal assets (Schedule I)		
Other personal assets (senedate 1)	TOTAL LIABILITIES	
	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	
TOTAL ABBLID	TOTAL EMBILITIES AND HET WORTH	<u> </u>
INCOME AND EX	XPENSE for year ending	
Salaries and wages	Interest Paid	
Commissions and bonuses	Rent Paid	
Interest Income	Federal and State Income Taxes	
Dividend Income	Other Taxes	
Business Income	Alimony, Child Support and Separate Maintenance Paid	
Business meome	ramony, came support and soparate framework	
Pensions, Annuities, Retirement and Social Security		
Rents		
Kents		
Alimony, Child Support and Separate Maintenance (Exclude		
if you do not wish this income to be considered as a basis for repaying any obligation)		
Other income		
TOTAL ALL INCOME	TOTAL	
Federal Income Tax Return has been filed through	Any additional assessments? No Yes Amount \$	<u> </u>
Tederal meonic Tax Retain has been med allough	Any additional assessments? Lino Lifes Amount 5	1
CONTR	NGENT LIABILITIES	
NATURE OF LIABILITY	DESCRIPTION	AMOUNT
Liabilities as Endorser, Co-Maker or Guarantor	DESCRIPTION	AMOUNT
Liabilities on leases and contracts		
Liabilities on Letters of Credit		
Contest Tax Liens		
Involvement in pending legal actions, claims, judgements, etc.		
m. or entent in pending regar actions, claims, judgements, etc.		
		

 \square INDIVIDUAL

DATE OF STATEMENT

NAME OF FINANCIAL INSTITUTION ACCOUNT IN NAME OF: TYPE OF ACCOUNT ACCOUNT NUMBER CURRENT BALANCE OF TYPE OF ACCOUNT OF TYPE O	SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS							
	NAME OF FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE			

SCHEDULE B:	NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS DUE ME							
ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL			

SCHEDULE C:		STOCKS AND BOND	S			_
ICCUING COMPANY	REGISTERED IN	NO. OF SHARES OR FACE	VAI	LUE	IF PLEDGED,	WHERE TRADER
ISSUING COMPANY	NAME OF:	AMT. OF BONDS*	Per Share Total		TO WHOM?	WHERE TRADED
			-			

^{*} Indicate whether Stocks are Common or Preferred

SCHEDULE D: PARTNERSHIP and PROPRIETORSHIP INTERESTS							
NAME OF PARTNERSHIP OR PROPRIETORSHIP	PERCENT OWNERSHIP	ORIGINAL COST	PRESENT VALUE	IF PLEDGED, TO WHOM?			

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SCHEDULE E:			LIFE INSURANCE				
INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

SCHEDULE I	F:	REAL E	STAT	E OWNED	□Indicates	Homes	stead)			
PARCEL		DESCRIPTION OF		YEARS	COST			AISAL	ı	NAME OF TITLE
NUMBER	IMPROV	/EMENTS		ACQUIRED		Ву	Whom	Date	Amount	HOLDER
1.										
2.										
3.										
4.										
5.										
PARCEL NUMBER	MORTGAGE OR OTHER LIEN	PAYABLE TO:		ORIGINAL AMOUNT	PRES BALA		INTEREST RATE		PAYABLE MONTH	AMT. OF INSURANCE
4	1 ST									
1.	$2^{\rm ND}$									
	1 ST									
2.	2^{ND}									
	1 ST									
3.	2^{ND}									
4	1 ST									
4.	2 ND									
_	1 ST									
5.	2 ND									

SCHEDULE G:	•	OIL and GAS II	NTERESTS			
LEGAL DESCRIPTION	WI OR RI	NET REVENUE INTEREST	MONTHLY INCOME	MONTHLY EXPENSE	PRESENT VALUE	PURCHASER OF PRODUCT

SCHEDULE H:		SCHEDULE I:		
VESTED PENSIONS, RETIREM	ENT FUNDS, IRA KEOUGH	OTHER PERSONAL ASSETS		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	

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SCHEDULE J:	NOT	ES PAYABLE TO	FINAN				GOLL LEND LL DV PROFE
DUE TO WHOM		AMOUNT		HOW PAYABLE	E	MATURITY	COLLATERAL PLEDGED
SCHEDULE K: OTHER	ACCOL	NTS and BILLS P	PAVARL	EINCLIIDIN	IG AMOI	INTS DHE BRO	OKERS
DESCRIPTION DESCRIPTION	ACCOU	AMOUNT	ATADL		DESCRIPT		AMOUNT
						TOTAL	
						TOTAL	<u> </u>
SCHEDULE L: BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL or PARTNER							
NAME AND ADDRESS OF BUSINESS		TYPE OF BUSINES		F OWNERSHIP		ITION/TITLE	FINANCIAL INSTITUTION
							OF ACCOUNT
Has Undersigned executed a will dispo	osing of	astata in avant of da	oth: □ Ve	сП No. If voc	nama of	Evacutor	
Has Undersigned made an assignment							most ton vicens? □ Vos □ No
-				eu iii balikrupi	cy procee	dings during the	past ten years? If ies I no
If yes, please state details:							
Marital Status (Do not complete if app	•						
☐ Married ☐ Separated ☐ Unmarried (Including single, divorced or widowed) Number of Dependents							
EMPLOYER NAME AND ADDRESS				POSITION/TI	TLE		YEARS EMPLOYED
			SICN	ATURES			
This Financial Statement, supporting s	chedules	s and information ar			rsigned to	the herein-name	ed Financial Institution for the purpose
of establishing, obtaining, or maintain	ing cred	lit. It is a true, con	nplete and	correct repres	entation of	of the Undersign	ed's financial condition as of the date
shown above. The Financial Institutio						yment history, to	verify the accuracy of the information
contained herein, and to answer question	ons abou	it its credit experien	ice with th	e Undersigned	l .		
SIGNATURE			DATE S	IGNED			WITNESS
SIGNATURE			DATES	IONLD			1111117799
CICNIATUDE			DATE S	ICNED			WITNESS
SIGNATURE			DATES	IONED			WITNESS

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Disclosure Addendum 01-03-2022

BUYERS' PROTECTION NOTICE

You are herby notified, if your loan application is approved and thereafter closed, The Bank, N.A. will obtain for its sole benefit, an attorney's title opinion, title insurance, or other written assurance as to the state of the title to the real property being financed and of its mortgage priority position. The title protection document will not provide protection to you, the buyer. You, the buyer, should seek independent advice as to whether you should obtain any additional title protection documents. In the event you desire title protection, it must be obtained by you in a timely manner to avoid undue delay of the closing under the terms of the contract of sale, if any.

NOTICE - RIGHT TO RECEIVE COPY OF APPRAISAL

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for you own use at your own cost.

FEDERAL NOTICE FOR SALE OF INSURANCE

Credit Disclosure Under Federal Law, a lender may not condition an extension of credit on either:

- 1. A requirement to purchase an insurance product from the lender or any of its affiliates, or
- 2. An agreement not to obtain, or prohibition from obtaining, an insurance product from an unaffiliated entity. Insurance Disclosure Insurance products are:
- 1. Not a deposit or other obligation of the lender or any of its affiliates.
- 2. Not guaranteed by the lender or any of its affiliates.
- 3. Not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the lender or any of its affiliates.
- 4. May go down in value.

ADVERSE ACTION NOTICE The Bank N.A. 201 E Carl Albert Parkway McAlester OK 74501

If your application for **business credit** is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact [Rebekah Barlow, PO Box 1067, McAlester Ok 74501, 918-421-4200] within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is [name and address as specified by the appropriate agency listed in appendix A].

I/We have read this disclosure form and understand its contents as evidenced by my/our signature(s) below. I/We understand that this acknowledgement is a required part of the mortgage loan application, and hereby acknowledge receipt of a copy of the above disclosures.

Date	Date

The Bank N.A. Marijuana Related Business Activity Verification

Name:	SSN/EIN:
It is the policy of the Bank to comply with the provis 1970. The Controlled Substances Act imposed a se levels, or schedules, starting with Schedule 1. Curr the Act.	eries of restrictions in the form of five different
The State of Oklahoma voters passed State Questi legal at the State level and established standards for entities/individuals to obtain licenses for becoming State of Oklahoma.	or individuals to obtain licenses and commercial
Because marijuana is currently a listed Schedule 1 institution, The Bank N.A. will not allow any custom dispensary license to conduct marijuana related bu	er who directly holds a grower, processor, or
Please complete the following:	
Do you or any business you have ownership in party	ticipate in any Marijuana Related Business? No
Do you or any business you have ownership in hold Processor or Dispensary License?Yes	
** I understand that marijuana related business not to conduct marijuana related business throuseceived from The Bank N.A.	
I hereby certify that the above statements are true a understand that any false statement may result in a	
Signature	Date
07/30/20	Accepted By:
CDD-MRB	Date:

The Bank N.A. Marijuana Related Business Activity Verification

Name:	SSN/EIN:
It is the policy of the Bank to comply with the provis 1970. The Controlled Substances Act imposed a se levels, or schedules, starting with Schedule 1. Curr the Act.	eries of restrictions in the form of five different
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Please complete the following:	
Do you or any business you have ownership in party	ticipate in any Marijuana Related Business? No
Do you or any business you have ownership in hold Processor or Dispensary License?Yes	
** I understand that marijuana related business activity is prohibited by federal law and agree not to conduct marijuana related business through any account held or loan proceeds received from The Bank N.A.	
I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that any false statement may result in account closure.	
Signature	Date
07/30/20	Accepted By:
CDD-MRB	Date: