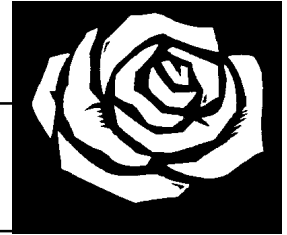


A Center for Adoption Services



602 Alder Avenue N.E.
Bainbridge Island, WA 98110
Web: www.edopt.net

Phone: 206-780-1972
Fax: 206-780-1817
Email: adoption@edopt.net

Financial Statement

Applicants' Name(s): _____

Annual Income (This Year / Last Year): _____

Other Annual Income: _____

Life Insurance: _____

ASSETS

Vehicles: _____

Personal Property: _____

Real Estate – Residence: _____

Stocks/Bonds: _____

Savings Account(s): _____

Checking Account(s): _____

Retirement Plans (401K, etc.): _____

Other Investments: _____

Total Assets (Not including income and insurance): _____

LIABILITIES

Monthly Payment

Total Owed

Credit Cards: _____

Bank Loans: _____

Home Mortgage: _____

Student Loans: _____

Other: _____

Total Liabilities: _____

NET WORTH (Total Assets minus Total Liabilities): _____

I / We attest that the above information is an accurate summary of my/our assets, liabilities and other information.

Signature: _____ Signature: _____

Date: _____ Date: _____