CONSUMER LOAN APPLICATION

| CREDIT RE | QUESTED | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------|-------------------------|--------------------------------------|---------------------------------------|-----------------------------------------|------------------|--------------------|--------------------|----------|-----------------------|-----------------------------------------------|--|
| Account Requested | | | Amt. Requested # of Pa | | | ments Preferred Pmt. Amt. | | | Preferred Pmt. Day | | | Market Survey | |
| 751-7670 DC 151 | Joint | | | | | | | | | | | | |
| We intend to apply for joint credit. Specific Purpose of Loan | | | | | | | | | | | | | |
| | | | Collateral Offered | | | | | | | | | | |
| Applicant (| Co-Applicant | | | | | | | | | | | | |
| COMPLETIC | ON INSTRUC | TIONS | FOR APPLIC | ANT | | | | | | | | | |
| | igner, Guaranto | | | | | | | | | | | cant is applying as a or she may apply for | |
| APPLICANT | INFORMAT | ION: | □ Borro | ower | Cosi | igner 🗍 | Guarant | tor 🗌 Grant | or | Other: | | | |
| Applicant's Full | Name (First M.I. | Last) | | | | ecurity Nur | nber F | Former Names | Aliases | | | | |
| Home Phone | Date of Birth | n Dr | river's License N | lumber | Age | es of Depe | Years of E | Years of Education | | | in Current Profession | | |
| ADDRESS INFO | DRMATION | | | | | | | | | | | | |
| Home Address | (Street, City, State, 2 | Zip Code) (I | If rural, show Road and | d Box No) | | | | | | Since | | Own Rent | |
| Mailing Address | (Street or P.O. Bo | x, City, Stat | e, Zip Code) | | | | | | | | | | |
| Previous Home | Address (Street, | City, State, 2 | Zip Code) | | | *************************************** | | | | | From | То | |
| EMPLOYMENT | INFORMATION | | | | | | | | | | | | |
| Applicant's Employer (If Self-Employed, Name and Nature of Business) Business Address (Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Type of Busines | S | Supervi | isor Phone Numb | | Numbe | r Title | Title / Position | | | ce | Salar | | |
| Second Employe | r (If Self-Employed, | Name and N | Vature of Business) | Business Address (Street, City, Stat | | | | | | ode) | | per | |
| Type of Business | S | Supervi | sor Phone Numb | | | r Title | Title / Position | | | Since | | y | |
| PERSONAL REF | ERENCES | | | | | | | | | | | per | |
| Name | | | Address (Street | or P.O. B | ox, City, S | State, Zip Cod | e) | | | Phone Nu | ımber | Relationship | |
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| MARITAL STATUS | | | | | | | | | | | | | |
| Applicant: | | | | | | | | | | | | | |
| COMPLETION INSTRUCTIONS FOR CO-APPLICANTS | | | | | | | | | | | | | |
| (a) If you are applying for joint credit or will be permitted to use the account, complete the Co-Applicant Information section as a Borrower. (b) If the Applicant is applying for individual credit, but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete the Co-Applicant Information section, to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets the Applicant is relying. (c) If the Applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested, complete the Co-Applicant Information section with regard to the Applicant's spouse. | | | | | | | | | | | | | |
| CO-APPLICAT | NT INFORMA | ATION: | Borrow | ver [] | Cosign | ner 🗌 (| Guaranto | r 🔲 Grantoi | | Other: | | | |
| Co-Applicant's Fu | Co-Applicant's Full Name (First M.I. Last) Social Security Number Former Names and Aliases | | | | | | | | | | | | |
| Home Phone | Date of Birth | Driv | ver's License Nur | mber | Ages | of Depend | lents | Years of Ed | lucati | on | Years in | Current Profession | |
| | | | | | | | | 1 | | | | | |

| ADDR | ESS INF | ORMATIC |)N | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------|---------------------|----------------|--------------|-----------------------------------------|----------------------------------------------|-----------------------------------|---------|----------------|-------------------------|--------------|---------------|---------------|--------------|--|
| Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No) Since | | | | | | | | | | | Since | | Own Rent | |
| Mailing | Address | S (Street or | P.O. Box, Ci | ty, State, Zip C | Code) | | | | | | | | | |
| Previous Home Address (Street, City, State, Zip Code) | | | | | | | | | | | | From | То | |
| EMPLO | OYMENT | INFORM | ATION | | | | | | | | | | | |
| Co-Applicant's Employer (If Self-Employed, Name and Nature of Business) Business Address (S | | | | | | | | | | , Zip C | ode) | | | |
| Type o | Type of Business Su | | | upervisor | | Phone Number | | Title / Posit | tion | Sin | се | Salar | y per | |
| Second | l Employe | er (If Self-En | nployed, Nam | e and Nature o | f Business) | 1 | Bus | siness Addres | SS (Street, City, State | , Zip C | ode) | | per | |
| Type of | f Busines | S | St | upervisor | | Phone Number | er | Title / Posit | ion | ion Since | | Salar | <i>'</i> | |
| DEDEC | NIAL DES | EDENIOCA | • | *************************************** | | | | | | ************ | | | per | |
| *************************************** | INAL REF | ERENCES | | | | | | | | | | | | |
| Name | | | | Add | dress (Stre | et or P.O. Box, City, | . State | , Zip Code) | | | Phone No | umber | Relationship | |
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| MARIT. | AL STAT | บร | | | | | | | | | | | | |
| Co-App | licant: | ☐ Marr | ied 🗌 S | eparated | ☐ Unma | rried (including | sing | ıle, divorced, | and widowed) | | | | | |
| QUES | TIONS | | | | | | | | | | | | | |
| Applica | | Co-Apr | olicant (2) | | | | | | Evolunation (0) | | | J -b 16 | 1 | |
| Yes | □No | Yes | □ No | | re any c | outstanding jud | dgme | nts against | Explanation (PI | ease u | se an attache | a sneet if ne | cessary.) | |
| Yes | □No | Yes | □No | you? | ever bee | en declared ban | krun | t? | | | | | | |
| Yes | No | Yes | □No | Have you | ı had pro | perty foreclose thereof in the | ed up | on or given | | | | | | |
| Yes | □No | Yes | □No | Are you | | | lust | 7 years: | | | | | | |
| Yes | □No | Yes | □No | | | ed on any lo | | | | | | | | |
| Yes | □No | Yes | □No | | Are you delinquent/in default on any Federal | | | | | | | | | |
| | | | _ | debt, fi guaranțe | nancial | | | or Ioan | | | | | | |
| Yes | □No | Yes | □No | Are you or separa | | to pay alimony nance? | y, ch | ild support, | | | | | | |
| Yes | □No | Yes | □No | Is any par | rt of the c | lown payment l | borro | wed? | | | | | | |
| □Yes | □No | Yes | □No | Are you a | co-make | r or an endorse | er on | a loan? | | | | | | |
| □Yes | □No | Yes | □No | | | merchandise re | | | | | | | | |
| □Yes | □No | Yes | □No | 1974 | | een denied c | | | | | | | | |
| Yes | No | Yes | No | Are you a | | | | | | | | | | |
| Yes Yes | ∐No □No | Yes Yes | ∐No □No | | | resident alien? non-resident a | | | | | | | | |
| | | | | 11 110, | are you c | i non-resident a | 1110111 | | | | | | | |

| F | | | | | FERENCES | | T | | | | | | | _ | |
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| | | | | isted In | Loan Purpose | | Creditor Name an | d Address | Accour | nt Numbe | r High | nest Ba | alance | Date | Paid |
| L | JAp | р Ц | СоАрр | Other | - | | | | | | \$ | | | | |
| | Ар | р | СоАрр | Other | | | | | | | | | | | |
| | Ар | р | СоАрр | Other | | | | | | | + | | | | |
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| S | СН | EDU | JLE O | OTHER | INCOME | | | | | | | | | | |
| Alim | ony, | | upport, se | | nance received under | Court Ord | aled if you do not wish to ha er Written Agreemer es C=Commissions I=I | t 🔲 Oral Unde | rstanding | Other | | | ner | | |
| Арр | CoA | Join | Туре | Descript | ion | | | | | Amount | | Fre | quency | / | |
| | | - | | | | | | | | | | - | | | |
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| S | CH | FDL | LE OF | EXPENS | SES | | | | | | | | | | |
| | | | | ENSE TYPES: | D = Dues-Homeowner | Association H = | = Hazard Insurance P = Priv Dependent Care E = Estima | ate Mortgage Insura | nce R = Rei | nt T=Taxe | es (Prope | rty) U | = Utilities | te | |
| | RT | Joint | Туре | Descript | M = Medical O = Othe | er C = Crilla/t | Dependent Care E - Estima | ted Living Expenses | | Amount | kes 1-1 | | quency | | |
| App | COA | Joint | Турс | Descripti | 1011 | | | | | Amount | | 116 | quency | | |
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| | | | | | TES (NON-REAL | | | | | | | | | | |
| PA App | RTI Coa | т — | Туре | Creditor I | | I = Installment/R | evolving T=Third Party O Account Number | Original Balance | Current Balance | | Other ments naining | Payme | ent | Per | |
| | | | ,, | | | | | balance | salance Remaining | | | g Amount r | | | |
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| | | ******* | ************* | | (NON-REAL ES | TATE) | | 1 | | | | | | | |
| | SH RTII | ********* | COUNT | S OUNT TYPES: | C=Checking T=Time | Cartificate of D | eposit I=IRA/SEP M=M | anay Markat Accou | nt C_Coul | ngs 0=0t | bor | | | | |
| | | Joint | Type | Description | | Financial | | oney warket Accou | III 3 – 3avi | | unt Nu | mber | Current Balan | ce | Subject to Debt |
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| | | S / E | ONDS Descri | ntion | | Broker / C | omnany | | | Accou | ınt Nur | mher | Value | | Subject to Debt |
| , , | ,0,1 | 00 | | p (1011 | | Droker / C | отприту | | | 7,000 | | TIDOT | Value | | to Debt |
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| LIE | IN | SUR | ANCE | | | | | | | | | | | | |
| T | Т | Joint | Descrip | otion | Agent / Company | Name | Policy Numb | er Face | Value N | et Cash /alue | Ber | neficia | ry | | Subject to Debt |
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| BU | SINE | SSI | es owr | VED | | | | | | | | | | | | |
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| Арр | CoA J | loint | Business Name | | | | | | | Financial Statement Date | | | Date Received | Value | | Subject to Debt |
| | | | | | | | | | | | | | | | | |
| T | *********** | | NT FUN | | smant Plan | | | | | | | I | Year Fully Vested | Value | | Subject to Debt |
| App (| CoA J | oint | Descri | iption of Retire | ement rian | | | | | | Vested | Value | | to Debt | | |
| | | | | | | | | | | | | 1 | | | | |
| | | ****** | PROPE | RTY | | | | | | | | | | | | |
| | RTIES | | | | = Automobiles B = Boats & F | | | | T | | Household | | 31 32 | ed Homes O = | Value | Subject to Debt |
| .рр С | OA Jo | oint | Туре | Description | | Value | Subject to Deb | t Ap | COA | CoA Joint Type De | | | scription | | Value | to Debt |
| | | | | | | | | | | | | | | | | |
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| 90 | uer | YI II | E O E | REAL ESTA | ATE OWNED | | | | | | | | | | | |
| ********** | RTIES | | | S: S = Single Family | | F = Four-Plex | C = Co | ndominiı | ım P | = P.U.I | D. L=La | and (| O = Summary/Other | | | |
| | oA Jo | | Type: | 5. 0 = Olligic Fallin | Property Disposition: | | | Pendir | | | Renta | | □N/A | | | |
| | | | Description Property Address | | | | | | | Acc | quired | | Cost Principal Residence | | | |
| | | | Curren | t Market Valu | Total Mortgages & Lie | en G ross F | Rental Ir | ncome | Taxe | s, Ir | ns., Mai | nt. | Net Rental Inc | ome | | |
| | | | Creditor 1 Name and Address | | | | | | | I. | Pmt. A | mt. | Per | Lien Posit | | t Lien ior Lien |
| | | | Creditor 2 Name and Address | | | | | | | ١. | Pmt. A | mt. | Per | | on First Lien | |
| рр С | oA Jo | int | Type: | | Property Disposition: | Solo | 1 🔲 | Pendin | g Sale | ; [| Renta | ı [|]N/A | | | |
| | | | Descrip | otion | Property Address | | | | | | quired | | Cost | Principal Residence ☐ Yes ☐ No | | |
| | | | Curren | t Market Value | eTotal Mortgages & Lie | en G ross R | Rental Ir | ncome | Taxe | s, In | s., Mai | nt. | Net Rental Inc | ome | | |
| | | | Credito | r 1 Name and | Address | | | Unpa | Jnpaid Bal. Pmt. Amt | | | mt. | Per | tion First Lien | | |
| | | | Credito | r 2 Name and | Address | | | Unpa | paid Bal. Pmt. Amt | | | mt. | Per Lien Pos | | n Position First Lien | |
| р Со | A Joi | int | Type: | | Property Disposition: | Sold | | Pending Sale Rental | | | 1 [| □N/A | | | | |
| | | | Descrip | otion | Property Address | | | | Date Acquired | | | | Cost Principal Residence | | | |
| | | Current Market ValueTotal Mortgages & Lien Gross Rental Income Taxes, Ins., Maint. Net Rental Income | | | | | | | | | | | | | | |
| | | | Credito | r 1 Name and | Address | | Unpa | id Bal | d Bal. Pmt. Amt. | | | Per Lien Positi | | ion First Lien | | |
| | | | Creditor 2 Name and Address | | | | | | | Bal. Pmt. Amt. Per Lien Position | | | on First | | | |
| CRE | DIT | LI | FE AN | ID DISABIL | ITY INSURANCE | | | | | | | | | | - | |
| | | | | | luntary insurance: | 1 | Credit L | | | | lit Disal lit Disal | | | untary Unen untary Unen | | |

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan. APPLICANT: Date Co-Applicant Applicant INFORMATION FOR GOVERNMENT MONITORING PURPOSES es of loans related to a dwelling in order to monitor the lender's compliance with ed The following information is requested by the federal governmen The following information is requested by the control and home mortgage disclosure-laws. You are not required to the information of this information. information, but are encouraged to do so. You may select one or more designations for ther you choose to furnish it. However, if you choose not to furnish the information and he law provides that a lender may not discriminate on the basis of this information city, race, and sex on the basis of visual observation or surname. If you do not wish to un person, under federal regulations the lender is required CO-APPLIC APPLICANT: I do not wish to furnish urnish this information Ethnicity: ☐ Hispanic or Latin ☐ Not Hispanic Not hispanic or Latino Race: American Indian or Alaska Native America or Alaska Native Asian Black or African American ican American Native Hawaiian or Other Pacific Islander ve Hawaiian or Other Pacific Islander ☐ White Sex: Sex: Female ☐ Female ☐ Male Male TO BE COMPLETED BY INTERVIEWÉR This application was taken by: Face to Face Interview Interviewer ☐ Mail Interviewer's Phone Number Telephone Name and Address of Interviewer's Employer

APPLICANT SIGNATURE(S)

Internet

FOR LENDER'S USE ONLY

Officer No. / Name Approved By Concurrence By (If Needed) Committee Date Decision Date

Department Application Date Application No. Commitment No. Loan No.

Originator Name Loan Origination Company's Name

Mortgage Loan Originator Unique Identifier, if applicable: Mortgage Loan Origination Company Identifier, if applicable:

The First National Bank of Ely 595 Aultman Street Ely, NV 89301

Regulation B: Notice of Intent to Apply for Joint Credit

| obtain evidence of an intent to lender may not deem the subn | apply join ission of a | tly from each a joint financ | nted by Regulation B requires lender to applicant at the time of application. The ial statement or other evidence of jointly ocument below your intent to apply jointly. |
|-----------------------------------------------------------------|---------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant Print Name | | | Application Date |
| Applicant Signature | | | |
| I intend to apply for joint credit | □ Yes | □ No | |
| Co-Applicant Print Name | - | | Application Date |
| Co-Applicant Signature | | | |
| I intend to apply for joint credit | □ Yes | □ No | |
| Co-Applicant Print Name | | | Application Date |
| Co-Applicant Signature | | | |
| I intend to apply for joint credit | □ Yes | □ No | |
| Co-Applicant Print Name | | | Application Date |
| Co-Applicant Signature | | | |
| I intend to apply for joint credit | □ Yes | □ No | |

For Bank use only

^{*}This document applies to all business and consumer applications.
*Completed form must be attached to the application.