## STATEMENT OF INFORMATION CONFIDENTIAL INFORMATION FOR YOUR PROTECTION

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the use of fraudulent or forged documents. Complete all blanks (please print) or indicate "none" or "N/A." If more space is needed for any item(s), use the reverse side of the form. Each party (and spouse/domestic partner, if applicable) to the transaction should personally sign this form.

ESCROW NO.:	TITLE	NO.:
	NAME AND PERSONAL INFOR	MATION
First Name	Middle/Maiden name (If none, indicate)	Last Name
Home Phone:	Business Phone:	Date of Birth:
Birthplace:	Social Security No.:	Driver's License No.:
List any other name you have used	d or been known by:	
State of residence:	I have lived continuously	in the U.S.A. since
Are you currently married?	If yes, complete the foll-	owing information:
Date and place of marriage:		
Spouse:	Middle/Maiden name	
	(If none, indicate)	Last Name
Business Phone:	Date of Birth: Driver's License No.:	Birthplace:
Are you currently a registered don	nestic partner? If	ves complete the following information
	-	yes, complete the following information.
Domestic Partner: First	t Name Middle/Maiden name (If none, indicate)	Last Name
Home Phone:	Business Phone:	Date of Birth:
Birthplace:	Social Security No.:	Driver's License No.:
List any other name you have used	d or been known by:	
State of residence:	I have lived continuously	in the U.S.A. since
	RESIDENCES (LAST 10 YEA	ARS)
Number & Street	City	From (date) to (date)
	•	
Number & Street	City	From (date) to (date)
	(If more space is required, use reverse sid	de of form)
		T 10 VEADO
	OCCUPATIONS/BUSINESSES (LAS'	1 10 YEARS)

Firm or Business name	Address	From (date) to (date)
Firm or Business name	Address	From (date) to (date)
(1) more	e space is required, use reverse side of	<i></i>
SPOUSE'S/DOMESTIC PAR'	TNER'S OCCUPATIONS/BUS	INESSES (LAST 10 YEARS)
Firm or Business name	Address	From (date) to (date)
Firm or Business name	Address	From (date) to (date)
(If more	e space is required, use reverse side of	f form)
	PRIOR MARRIAGE(S)	
Any prior marriages for either spouse?	-	_
Prior spouse's name: Divo	-	
Marriage terminated by: Death Divo	Date of termination:	
Prior spouse's name:	Prior Spouse of Husb	and:
Marriage terminated by: Death Divo	orce Date of termination:	
(If more	e space is required, use reverse side oj	fform)
PRIO	DR DOMESTIC PARTNERSHI	<u>P(S)</u>
Any prior domestic partnerships for either pers	on? If yes, complete the	ne following:
Any prior domestic partnerships for either pers Prior partner's name: Di-	on? If yes, complete the	ne following:
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Any current loans on property?	<u> </u>	een paid in full? Yes No
, , , ,		Loan Date:
der:	Loan Amount:	Loan Date:
Lender:	Loan Amount:	Loan Date:
Lender: The undersigned declare, under penalty		
The undersigned declare, under penalty	of perjury, that the foregoing is true a	nd correct.
The undersigned declare, under penalty	of perjury, that the foregoing is true a	

THANK YOU