

NOTE: THIS DOCUMENT CONTAINS HIGHLY CONFIDENTIAL INFORMATION AND SHOULD BE SAVED IN A SECURE LOCATION AND IF TRANSMITTED ELECTRONICALLY IT SHOULD BE SENT SECURLY AND ENCRYPTED.

**STATEMENT OF INFORMATION
CONFIDENTIAL INFORMATION FOR
YOUR PROTECTION**

Order No.:

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.

NAME AND PERSONAL INFORMATION

Date of Birth _____
First Name _____ Middle Name _____ Last Name _____ Maiden Name _____
Home Phone _____ (If none, indicate) Business Phone _____ Birthplace _____
Fax _____ Email _____
Social Security No. _____ Driver's License No. _____ Issuing State _____
List any other name you have used 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 following information:

Date and place of marriage _____
Spouse: _____ Date of Birth _____
First Name _____ Middle Name _____ Last Name _____ Maiden Name _____
Home Phone _____ (If none, indicate) Business Phone _____ Birthplace _____
Fax _____ Email _____
Social Security No. _____ Driver's License No. _____ Issuing State _____
List any other name you have used or been known by _____
State of residence _____ I have lived continuously in the U.S.A. since _____

Are you currently a registered domestic partner? _____ If yes, complete the following information:

Domestic Partner: _____ Date of Birth _____
First Name _____ Middle Name _____ Last Name _____ Maiden Name _____
Home Phone _____ (If none, indicate) Business Phone _____ Birthplace _____
Fax _____ Email _____
Social Security No. _____ Driver's License No. _____ Issuing State _____
List any other name you have used or been known by _____
State of residence _____ I have lived continuously in the U.S.A. since _____

CHILDREN

Child Name: _____ Date of Birth: _____ Child Name: _____ Date of Birth: _____
Child Name: _____ Date of Birth: _____ Child Name: _____ Date of Birth: _____
(if more space is required, use reverse side of form)

RESIDENCES (LAST 10 YEARS)

Number & Street _____ City From _____ (date) to (date) _____

Number & Street _____ City From _____ (date) to (date) _____
(if more space is required, use reverse side of form)

OCCUPATIONS/BUSINESSES (LAST 10 YEARS)

Firm or Business Name _____ Address From _____ (date) to (date) _____

Firm or Business Name _____ Address From _____ (date) to (date) _____
(if more space is required, use reverse side of form)

SPOUSE'S/DOMESTIC PARTNER'S OCCUPATIONS/BUSINESSES (LAST 10 YEARS)

Firm or Business Name _____ Address From _____ (date) to (date) _____

Firm or Business Name _____ Address From _____ (date) to (date) _____
(if more space is required, use reverse side of form)

**STATEMENT OF INFORMATION
CONFIDENTIAL INFORMATION FOR YOUR PROTECTION
(continued)**

PRIOR MARRIAGE(S)

Any prior marriages for either person? _____ If yes, complete the following:

Prior spouse's name: _____ Prior Spouse of Husband: _____

Marriage terminated by: Death Divorce Date of termination _____

Prior spouse's name: _____ Prior Spouse of Husband: _____ Wife _____

Marriage terminated by: Death Divorce Date of termination _____

(if more space is required, use reverse side of form)

PRIOR DOMESTIC PARTNERSHIP(S)

Any prior domestic partnerships for either person? _____ If yes, complete the following:

Prior partner's name: _____ Prior Partner: _____

Partnership terminated by: Death Dissolution Nullification Termination Date of termination _____

Prior partner's name: _____ Prior Partner: _____

Partnership terminated by: Death Dissolution Nullification Termination Date of termination _____

(if more space is required, use reverse side of form)

INFORMATION ABOUT THE PROPERTY

Buyer intends to reside on the property in this transaction: Yes No

Owner to complete the following items

Street Address of Property in this transaction: _____

The land is unimproved ; or improved with a structure of the following type: A Single or 1-4 Family Condo Unit Other _____

Improvements, remodeling or repairs to this property have been made within the past six months: Yes No

If yes, have all costs for labor and materials arising in connection therewith been paid in full? Yes No

Any current loans on property? _____ If yes, complete the following:

Lender _____ Loan Amount _____ Loan Account # _____

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PROPERTY IS AFFECTED BY THE FOLLOWING:

.. _____ Association: Name: _____

Management Company: _____

Address: _____ Phone: _____

Amount of dues \$ _____ Next due _____ Payable _____

.. _____ Association: Name: _____

Management Company: _____

Address: _____ Phone: _____

Amount of dues \$ _____ Next due _____ Payable _____

.. Water Stock: If so, please attach certificate for transfer.

Name of Company: _____ Name of Contact: _____

Address: _____ Phone: _____

Amount of Assessment \$ _____ Next due _____ Number of shares _____

After the close of escrow please forward any correspondence or possible refunds concerning this property to:

Address: _____

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

_____ *Signature*

_____ *Date*

_____ *Print Name*

_____ *Signature*

_____ *Date*

_____ *Print Name*

(Note: If applicable, both spouses/domestic partners must sign.)

THANK YOU.