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

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminat ing 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) t o the transaction should personally sign this form.

ESCROW NO.: LOCATE NO.: TITLE NO.:

**NAME AND PERSONAL INFORMATION**

 Date of Birth

First Name Middle Name Last Name Maiden Name

(If none, indicate)

Home Phone Business Phone Birthplace Social Security No. Driver’s License No. 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

(If none, indicate)

Home Phone Business Phone Birthplace Social Security No. Driver’s License No. List any other names 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

(If none, indicate)

Home Phone Business Phone Birthplace Social Security No. Driver’s License No. List any other names you have used or been known by State of residence I have lived continuously in the U.S.A. since

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**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)

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**RESIDENCES (LAST 10 YEARS)**

|  |  |  |
| --- | --- | --- |
| Number & Street | City | From (date) to (date) |
| Number & Street | City(If more space is required, use reverse side of form) | From (date) to (date) |

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**OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

|  |  |  |
| --- | --- | --- |
| Firm or Business name | Address | From (date) to (date) |
| Firm or Business name | Address(If more space is required, use reverse side of form) | From (date) to (date) |

ESCROW NO.: LOCATE NO.: TITLE NO.:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

|  |  |  |
| --- | --- | --- |
| Firm or Business name | Address | From (date) to (date) |
| Firm or Business name | Address(If more space is required, use reverse side of form) | From (date) to (date) |

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**PRIOR MARRIAGE(S)**

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

Prior spouse’s (Party A) name: Prior Spouse of Party A: Marriage terminated by: Death Divorce Date of termination Prior spouse’s (Party B) name: Prior Spouse of Party B: Spouse Marriage terminated by: Death Divorce Date of termination

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

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**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)

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

No

Lender Loan Amount Loan Account # Lender Loan Amount Loan Account #

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

Executed on , at

Signature Signature

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

**THANK YOU.**

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