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 INFORM	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.:
•	sed or been known by:	
•	I have lived continuously	
Are you currently married?	If yes, complete the follo	owing information:
Spouse:		
First Name	Middle/Maiden name (If none, indicate)	Last Name
	Date of Birth:	
Social Security No.:	Driver's License No.:	
	irst Name Middle/Maiden name (If none, indicate)	yes, complete the following information: Last Name
Domestic Partner:F	irst Name Middle/Maiden name (If none, indicate)	Last Name
Domestic Partner:F	irst Name Middle/Maiden name (If none, indicate) Business Phone:	Last Name Date of Birth:
Domestic Partner:F Home Phone:Birthplace:	irst Name Middle/Maiden name (If none, indicate) Business Phone: Social Security No.:	Last Name Date of Birth: Driver's License No.:
Domestic Partner:F Home Phone: Birthplace: List any other name you have u	irst Name Middle/Maiden name (If none, indicate) Business Phone:	Last Name Date of Birth: Driver's License No.:
Domestic Partner:F Home Phone: Birthplace: List any other name you have u	irst Name Middle/Maiden name (If none, indicate) Business Phone: Social Security No.: sed or been known by: I have lived continuously	Last Name Date of Birth: Driver's License No.:in the U.S.A. since
Domestic Partner:F Home Phone: Birthplace: List any other name you have u	irst Name Middle/Maiden name (If none, indicate) Business Phone: Social Security No.: sed or been known by:	Last Name Date of Birth: Driver's License No.:in the U.S.A. since
Domestic Partner:F Home Phone: Birthplace: List any other name you have u	irst Name Middle/Maiden name (If none, indicate) Business Phone: Social Security No.: sed or been known by: I have lived continuously RESIDENCES (LAST 10 YEA	Last Name Date of Birth: Driver's License No.:in the U.S.A. since
Domestic Partner: F Home Phone: Birthplace: List any other name you have u State of residence:	irst Name Middle/Maiden name (If none, indicate) Business Phone: Social Security No.: sed or been known by: I have lived continuously RESIDENCES (LAST 10 YEA	Last Name Date of Birth: Driver's License No.: in the U.S.A. since ARS)
Domestic Partner: F Home Phone: Birthplace: List any other name you have u State of residence: Number & Street	irst Name Middle/Maiden name (If none, indicate) Business Phone: Social Security No.: sed or been known by: I have lived continuously RESIDENCES (LAST 10 YEA) City	Last Name Date of Birth: Driver's License No.: in the U.S.A. since From (date) to (date) From (date) to (date)

	Address	From (date) to (date)
Firm or Business name	Address	From (date) to (date)
(If mo	ore space is required, use reverse side of	form)
SPOUSE'S/DOMESTIC PA	RTNER'S OCCUPATIONS/BUSI	INESSES (LAST 10 YEARS)
Firm or Business name	Address	From (date) to (date)
Firm or Business name	Address	From (date) to (date)
(If mo	ore space is required, use reverse side of	form)
	PRIOR MARRIAGE(S)	
Any prior marriages for either spouse?		
Prior spouse's name: Di Marriage terminated by: Death Di		
Marriage terminated by: Death Di	voice Date of termination:	
Prior spouse's name:	Prior Spouse of Husba	and:
Marriage terminated by: Death Di	vorce Date of termination:	
	IOR DOMESTIC PARTNERSHI	
Any prior domestic partnerships for either pe	erson? If yes, complete the	ne following:
	erson? If yes, complete the Prior Partner: Dissolution Nullification	ne following:
Any prior domestic partnerships for either per Prior partner's name: Partnership terminated by: Death Date of termination:	erson? If yes, complete the Prior Partner: Dissolution Nullification	ne following:
Any prior domestic partnerships for either per Prior partner's name: Partnership terminated by: Death	Prior Partner: Prior Partner: Prior Partner: Prior Partner: Prior Partner: Nullification Nullification	ne following: Termination
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Any current loans on property? If yes, complete the following Lender: Loan Amount:	Ś•
	Loan Date:
Lender: Loan Amount:	Loan Date:

THANK YOU