## 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.

## NAME AND PERSONAL INFORMATION

|                        |  |                                  |   |   | Date of Birth         |  |  |  |
|------------------------|--|----------------------------------|---|---|-----------------------|--|--|--|
| First Name             | Middle Name  | Last Name<br>(If none, indicate) |   | Maiden Name                                       |                       |  |  |  |
| Home Phone             |  |                                  | Birthplace                                    |   |                       |  |  |  |
| Social Security No.    |  |                                  | Driver's Licer                                | ise No.   |                       |  |  |  |
| List any other name ye | ou have used or been kno   | wn by                            |   |   |                       |  |  |  |
| State of residence     |  |                                  | I have lived continuously in the U.S.A. since |   |                       |  |  |  |
|                        |  |                                  |   |   |                       |  |  |  |
| 5                      | ried? If yes, co   |                                  |   |   |                       |  |  |  |
| Date and place of mar  | riage  |                                  |   |   |                       |  |  |  |
| Spouse:<br>First Name  | Middle Name  | Last Na                          | ame   | Maiden Name                                       | Date of Birth         |  |  |  |
|                        |  | (If none, indicate)              |   |   |                       |  |  |  |
| Home Phone             | Business   | Phone                            | Birt  | hplace  |                       |  |  |  |
| Social Security No.    |  |                                  | Driver's Licer                                | ise No  |                       |  |  |  |
| List any other names   | you have used or been kno  | own by                           |   |   |                       |  |  |  |
| State of residence     | I have lived continuously in the U.S.A. since                                  |                                  |   |   |                       |  |  |  |
| Are you currently a re | gistered domestic partner?   |                                  | complete the follo                            | wing information.                                 |                       |  |  |  |
| -                      |  | II yes, c                        |   | -   |                       |  |  |  |
| Domestic Partner:      | First Name Mid   | dle Name                         | Last Name                                     | Maiden Name                                       | _ Date of Birth       |  |  |  |
| Home Phone             | Business   | (If none, indicate)              | Rirt  | hnlace  |                       |  |  |  |
|                        |  |                                  |   | -   |                       |  |  |  |
| -                      |  |                                  |   |   |                       |  |  |  |
|                        | s you have used or been known by I have lived continuously in the U.S.A. since |                                  |   |   |                       |  |  |  |
| ****                   |  |                                  |   |   |                       |  |  |  |
|                        |  | CHI                              | LDREN   |   |                       |  |  |  |
| Child Name:            |  | _ Date of Birth:                 | Child Name:                                   |   | Date of Birth:        |  |  |  |
| Child Name:            |  | _ Date of Birth:                 | Child Name:                                   |   | Date of Birth:        |  |  |  |
| ****                   | ****   | (If more space is require        | ed, use reverse side (                        | of form)<br>* * * * * * * * * * * * * * * * * * * | ****                  |  |  |  |
|                        |  | RESIDENCES                       | (LAST 10 YEA                                  | RS)   |                       |  |  |  |
| Number & Street        |  | (                                |   | From (date) to (date)                             |                       |  |  |  |
| Number & Street        |  | City                             |   |   | From (date) to (date) |  |  |  |
| ****                   | ****   | (If more space is require        | ****  |   |                       |  |  |  |
|                        | OC   | CUPATIONS/BUSIN                  | NESSES (LAST                                  | 10 YEARS)   |                       |  |  |  |
| Firm or Business name  |  | Ad                               | dress   |   | From (date) to (date) |  |  |  |
| Firm or Business name  |  | Ad<br>(If more space is require  | From (date) to (date)                         |   |                       |  |  |  |

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

| Firm or Business name   |                       | Addres              | S                         | From (date) to (date) |  |  |  |  |  |
|---|-----------------------|---------------------|---------------------------|-----------------------|--|--|--|--|--|
| Firm or Business name   | From (date) to (date) |                     |                           |                       |  |  |  |  |  |
| 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 spa          | ce is required, u   | 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 N         | Iullification       | Termination               | _ Date of termination |  |  |  |  |  |
| Prior partner's name:   |                       |                     | Prior Partner:            |                       |  |  |  |  |  |
| Partnership terminated by: Death  | Dissolution N         | Iullification       | Termination               | _ Date of termination |  |  |  |  |  |
| (If more space is required, use reverse side of form)   |                       |                     |                           |                       |  |  |  |  |  |
|   |                       |                     |                           |                       |  |  |  |  |  |
| 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, comple        | ete the follow      | ving:                     |                       |  |  |  |  |  |
| Lender  | Loan                  | Amount              |                           | Loan Account #        |  |  |  |  |  |
| Lender  |                       |                     |                           |                       |  |  |  |  |  |
| ******  | ****                  | * * * * * * * * * * | ****                      | ******                |  |  |  |  |  |
| 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.