

CONFIDENTIAL STATEMENT OF INFORMATION

This statement is to be signed personally by each party to the transaction and by both spouses/partners, if married/registered (Section 1 is to be completed by the husband/partner, and Section 2 by the wife/partner). This information is necessary because we have been asked to insure a transaction involving real property in which you are interested. In that regard, we may encounter judgments, bankruptcies, dissolutions and liens against persons with the same or similar name as yours.

Property Address of Transaction: _____ **Order Number** _____
Number & Street City, State & Zip

Vacant Land: Is any portion of the new loan Improvements: Is Property:
to be used for improvements? Single Family Owner Occupied
 Yes No Yes No Multiple Residence Commercial Tenant Occupied

1. Name: _____
First Middle (If None, write None) Last

Social Security No. _____ Driver's License No. _____ Date of Birth _____ Place of Birth _____

Have you ever been issued, or used, any other Social Security Number? Yes No If yes, what number did you use? _____

Status: Single Married* Divorced Widow/Widower Registered Domestic Partner Mark One: Male Female
*Married or Registered On: _____ At _____
(Date) (City, County, State)

*If married, spouse's name _____ *Spouse's name prior to marriage _____

* Have you ever used another name Yes No - provide all names _____ State resident since (date) _____

OCCUPATIONS LAST TEN YEARS

Occupation	Firm Name	Address	No. Years

RESIDENCES LAST TEN YEARS

Number and Street	City and State	From (date)	To (date)	<input type="checkbox"/> Own <input type="checkbox"/> Rent

FORMER MARRIAGES/REGISTERED DOMESTIC PARTNERSHIP

If no former marriage, write "none", otherwise complete the following:

Name of former spouse/partner: _____ Social Security No. _____

Deceased: Dissolution: Date: _____ Where: _____
First and last name(s) of children from this marriage _____

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2. (Spouse's/Partner's Name): _____
First Middle (If None, write None) Last

Social Security No. _____ Driver's License No. _____ Date of Birth _____ Place of Birth _____

Have you ever been issued, or used, any other Social Security Number? Yes No If yes, what number did you use? _____

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(Date) (City, County, State)

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

Signature: _____ Date: _____
Home Phone: _____ Business Phone: _____

Signature: _____ Date: _____
Home Phone: _____ Business Phone: _____

On the reverse side is our *Confidential Statement of Information* form which we ask you to complete and return to us as soon as possible.

There really is a reason for our request for you to fill it out. We don't want you to think that we are unnecessarily interested in your personal affairs. We have been asked to insure the title to real property in which you are interested, and if you will give us the information called for, it will help us do our job quickly and accurately. All information will be treated as confidential.

Our state's population is growing rapidly. Please think for a moment how many of our residents have the same or similar names. In processing your order we will inevitably encounter judgments, bankruptcies, divorces and income tax liens against persons whose names are in some way similar to yours. Such matters must be considered unless eliminated by information showing you are not the person involved in these difficulties. You see, then, that we need to know something about you and your spouse, if you are married, so that we may promptly ignore all matters not directly affecting you or the property.

By completing this form in full, you are helping to make it possible for us to give you the kind of service we are sure you would like to receive.