

**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)

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(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)

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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  No   
Any current loans on property? \_\_\_\_\_ If yes, complete the following:  
Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_ Loan Account # \_\_\_\_\_  
Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_ Loan Account # \_\_\_\_\_

**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: \_\_\_\_\_

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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.

_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Print Name</i>	
_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Print Name</i>	

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