

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, if applicable) to the transaction should personally sign this form.

ESCROW: _____ ORDER NUMBER: _____
NAME AND PERSONAL INFORMATION

First Name	Middle/Maiden Name (If none, indicate)	Last Name	Date of Birth:
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:		Date residence began:	
Are you currently married?: _____ If yes, complete the following information:			
Date and place of marriage:			

First Name	Middle/Maiden Name (If none, indicate)	Last Name	Date of Birth:
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:		Date residence began:	

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RESIDENCES (LAST 10 YEARS)

Number & Street	City/State	From (date) to (date)
Number & Street	City/State	From (date) to (date)
Number & Street	City/State	From (date) to (date)

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OCCUPATIONS/BUSINESS (LAST 10 YEARS)

Firm or Business name	Address	From (date) to (date)
Firm or Business name	Address	From (date) to (date)
Firm or Business name	Address	From (date) to (date)

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SPOUSE'S OCCUPATIONS/BUSINESS (LAST 10 YEARS)

Firm or Business name	Address	From (date) to (date)
Firm or Business name	Address	From (date) to (date)
Firm or Business name	Address	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 name:	Prior spouse of husband:	Wife:	
Marriage terminated by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce	Date of termination:		
Prior spouse's name:	Prior spouse of husband:	Wife:	
Marriage terminated by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce	Date of termination:		

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INFORMATION ABOUT THE PROPERTY

Street Address of Property in this transaction:			
Any construction on this property pending or contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any current loans on property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following:	
Lender:	Loan amount:	Loan date:	
Lender:	Loan amount:	Loan date:	

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The undersigned declare, under penalty of perjury, that the foregoing is true and correct.
 Executed on _____ at _____
 Signature _____ Signature _____

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