



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

Form fields for individual information: First Name, Middle Name, Last Name, Maiden Name, Date of Birth, Home Phone, 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:

Form fields for spouse information: Date and place of marriage, Spouse: First Name, Middle Name, Last Name, Maiden Name, Date of Birth, Home Phone, 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:

Form fields for domestic partner information: Domestic Partner: First Name, Middle Name, Last Name, Maiden Name, Date of Birth, Home Phone, 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

Form fields for children information: Child Name, Date of Birth (repeated for multiple children), (if more space is required, use reverse side of form)

RESIDENCES (LAST 10 YEARS)

Form fields for residences: Number & Street, City From, (date) to (date) (repeated for multiple residences), (if more space is required, use reverse side of form)

OCCUPATIONS/BUSINESSES (LAST 10 YEARS)

Form fields for occupations/businesses: Firm or Business Name, Address From, (date) to (date) (repeated for multiple occupations/businesses), (if more space is required, use reverse side of form)

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

Form fields for spouse's/domestic partner's occupations/businesses: Firm or Business Name, Address From, (date) to (date) (repeated for multiple occupations/businesses), (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)

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)

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: _____

 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.

Signature _____
Date

Print Name

Signature _____
Date

Print Name

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