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 (if none, indicate)	Last Name	Maiden Name			
Home Phone		Business Phone	Birl	thplace		
Social Security No.			Driver's Lice	nse No.		
List any other name	e you have used or bee	n known by				
State of residence I have lived continuously in the U.S.A. since						
Are you currently m						
Are you currently married? If yes, complete the following: Date and place of marriage						
Spouse: Date of Birth:						
First Name						
Home Phone		Business Phone	Bir	rthplace		
Social Security No.	ocial Security No Driver's License No					
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: Domestic Partner: Date of Birth:						
	First Name Middle I (if none,		Maiden Name			
Home Phone		Business Phone	Bir	rthplace		
Social Security No Driver's License No						
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			Date of Birth:		
		(If more space is	s required, use reverse side of form)			
RESIDENCES (LAST 10 YEARS)						
Number & Street, City, Stat	e, Zip			From (date) to (date)		
Number & Street, City, Stat	e, Zip	(If more space is	s required, use reverse side of form)	From (date) to (date)		
			· · · ·			
OCCUPATIONS/BUSINESSES (LAST 10 YEARS)						
Firm or Business name		Address	From (d	ate) to (date)		
Firm or Business name Address From (date) to (date) (If more space is required, use reverse side of form)				ate) to (date)		

STATEMENT OF INFORMATION (Continued)

ORDER NO:

TITLE NO.: 10209200-OCT-JJ

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)				
	PRIOR MAR	RIAGE(S)			
Any prior marriages for either spouse? _	If yes, comple	te the following:			
Prior spouse's (Party A) name:		Prior Spouse of Party A:			
Marriage ended by: Death	Divorce	Date of Death/Divorce			
Prior spouse's (Party B) name:		Prior Spouse of Party B: Spouse			
Marriage ended by: Death	Divorce	Date of Death/Divorce			
	(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 ended by: Death Disso	olution Nullification	Termination Date of Death/Dissolution/etc			
Prior partner's name:		Prior Partner:			
Partnership ended by: Death Disso	olution Nullification	Termination Date of Death/Dissolution/etc			
	(If more space is required, u	use reverse side of form)			
***************************************	************************	***************************************			
	INFORMATION ABOU	UT THE PROPERTY			
Buyer intends to reside on the property in the	nis transaction: Yes	No			
	Owner to complete t	he following items			
Street Address of Property in this transactio	n:				
The land is unimproved; or improved	with a structure of the following	ng type: A Single or 1-4 Family Condo Unit Other			
Improvements, remodeling or repairs to this	s property have been made w	ithin the past six months: Yes No			
If yes, have all costs for labor and materials	arising in connection therewi	th been paid in full? Yes No			
Any current loans on property?	If yes, complete the fo	-			
		Loan Account #			
		Loan Account #			

The undersigned declare, under penalty of p					
Executed on	, at				
Signature	S	ignature			
		J			
(Note	If applicable, both spouses	s/domestic partners must sign.)			

THANK YOU.