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.

ESCROW NO.: LOCATE NO.: TITLE NO.:

	NAME ANI	D PERSONA	L INFORMATION	ON		
					_ Date of Birth	
First Name	Middle Name (If none, indicate	Last Name		Maiden Name		
Home Phone	Business Phone		Birthplace			
			Driver's License No.			
	ve used or been known by					
				,		
	If yes, complete the following					
Date and place of marriage						
Spouse:					Date of Birth	
First Name	Middle Name (If none, in	Last Nar dicate)	ne	Maiden Name		
Home Phone	Business Phone		Birthplace			
	ave used or been known by					
Are you currently a register	red domestic partner?	_ If yes, comple	te the following infor	mation:		
Domestic Partner:					Date of Birth	
Firs	t Name Middle Name (If none, in		Last Name	Maiden Name		
Home Phone	Business Phone	· 	Birthplace			
Social Security No.		I	Driver's License No.			
List any other names you h	ave used or been known by					
State of residence	I have lived continuously in the U.S.A. since					
********	**********			*****	*******	
		CHILDI				
	Date of Birth:					
Child Name:	Date of Birth: _				Date of Birth:	
********	(If more s	pace is required, us	e reverse side of form) *********	*****	******	
	RESID	ENCES (LA	ST 10 YEARS)			
Number & Street		City			From (date) to (date)	
Number & Street		City			From (date) to (date)	
********	(If more s		e reverse side of form) *********	*****	******	
			SES (LAST 10 Y			
Firm or Business name		Address			From (date) to (date)	
Firm or Rusiness name		Address			From (date) to (date)	

(If more space is required, use reverse side of form)

Firm or Business name		From (date) to (date						
Firm or Business name	Address			From (date) to (date				
***********	(1f m	ore space is required, use i	reverse side of form) *********	**********				
		PRIOR MARR	IAGE(S)					
Any prior marriages for either spouse? _	If	f yes, complete the fol	llowing:					
Prior spouse's (Party A) name:								
Marriage terminated by: Death	Divorce	D						
Prior spouse's (Party B) name:		P	rior Spouse of Party B:	Spouse				
Marriage terminated by: Death	D	ate of termination _						
*************************	(If me	ore space is required, use i	reverse side of form)	***********				
		R DOMESTIC PA						
Any prior domestic partnerships for either	er person?	If yes, complet	e the following:					
	artner's name: Prior Partner:							
Partnership terminated by: Death				Date of termination				
Prior partner's name:		Pi	rior Partner:					
Partnership terminated by: Death				Date of termination				
********	(If me	ore space is required, use i	reverse side of form)	**********				
***********			**************************************					
Buyer intends to reside on the property in			THETROTERIT					
Buyer intends to reside on the property in	_	er to complete the	following itoms					
Street Address of Property in this transac			O					
The land is unimproved ; or improved	-			Condo Unit Other				
Improvements, remodeling or repairs to		0 71						
If yes, have all costs for labor and materi		_						
Any current loans on property?			irium: res No	·				
		Loan Account #						
	Loan Amount Loan Amount							

The undersigned declare, under penalty of	of perjury, that the forego	oing is true and correct	t.					
Executed on		o.t						

LOCATE NO.: TITLE NO.:

ESCROW NO.:

Signature ___

Signature