

**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 \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(If none, indicate)  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 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 \_\_\_\_\_

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 \_\_\_\_\_  
(If none, indicate)  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 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 \_\_\_\_\_

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 \_\_\_\_\_  
(If none, indicate)  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 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 of Birth: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(if more space is required, use reverse side of form)

**RESIDENCES (LAST 10 YEARS)**

\_\_\_\_\_ From (date) to (date)  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_  
 \_\_\_\_\_ From (date) to (date)  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_  
(if more space is required, use reverse side of form)

**OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

\_\_\_\_\_ From (date) to (date)  
 Firm or Business Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ From (date) to (date)  
 Firm or Business Name \_\_\_\_\_ Address \_\_\_\_\_  
(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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**STATEMENT OF INFORMATION**  
**CONFIDENTIAL INFORMATION FOR YOUR PROTECTION**  
(continued)

**PRIOR MARRIAGE(S)**

Any prior marriages for either spouse? \_\_\_\_\_ If yes, complete 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)

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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 ended by:  Death  Dissolution  Nullification  Termination Date of Death/Dissolution/etc.: \_\_\_\_\_

Prior partner's name: \_\_\_\_\_ Prior Partner: \_\_\_\_\_

Partnership ended by:  Death  Dissolution  Nullification  Termination Date of Death/Dissolution/etc.: \_\_\_\_\_

(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 (6) 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 No. \_\_\_\_\_

Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_ Loan Account No. \_\_\_\_\_

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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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

**THANK YOU.**

