



STATEMENT OF INFORMATION

(For confidential use by the Title Company in searching the records in connection with the file number shown below.)

Property Address:

File No.:

Ref No.:

In order to expedite the completion of your transaction we are requesting that you complete the following "Statement of Information" form. We are not unnecessarily interested in your personal affairs, however, we have been asked to insure the title to real property in which you are interested and that requires a title search.

In searching your title we may encounter judgments, bankruptcies, divorces and/or income tax liens against persons with the same or similar names to yours. Such matters cloud the title to your property unless eliminated. The information you provide, and your spouse or domestic partner if you are married, or in a domestic partnership, can promptly eliminate all matters not directly affecting you or the property being searched, avoid any delay in your transaction and provide you with the most efficient service possible.

Thank you for your cooperation in furnishing us with the necessary information and please be assured that your information is confidential and used only for the purpose which we have stated.

Name: First Middle - if none, indicate Last US Resident since Year
Have you ever been known by any other name? No Yes If yes, indicate name
Social Security No XX-XXX- Driver License No (Last 4 digits)
Date of Birth Location of Birth

Spouse or Domestic Partner's Name: First Middle - if none, indicate Last US Residence since Year
Social Security No XX-XXX- Driver License No (Last 4 Digits)
Date of Birth Location of Birth
Have you ever been known by any other name? No Yes If yes, indicate name

If married or in a domestic partnership, Date at City and State

RESIDENCES LAST 10 YEARS (list most recent first)

Number and Street City, State, Zip Code From/To (Date)
Number and Street City, State, Zip Code From/To (Date)
Number and Street City, State, Zip Code From/To (Date)
(attach additional page, if necessary)

OCCUPATIONS

Occupation Co. Name Address, City, State Zip No. Yr's/Mo's
Spouse or Domestic Partner's Occupation Co. Name Address, City, State Zip No. Yr's/Mo's

BUSINESS OWNED OR PARTNERSHIP AFFILIATIONS

Tax ID No. (Last 4 digits) Firm/Partnership Name Address, City, State Zip No. Yr's/Mo's
Tax ID No. (Last 4 digits) Firm/Partnership Name Address, City, State Zip No. Yr's/Mo's

(attach additional page, if necessary)

1 Domestic Partner refers to an individual in a state recognized quasi-marital relationship entered into by same-sex couples whether such relationship is identified as a "domestic partnership," "civil union", or similar term.

FORMER MARRIAGE(S) – OR DOMESTIC PARTNERSHIP(S)

Please complete the following: **OR** If no former marriages or domestic partnerships, write "NONE" _____

Name of former husband or domestic partner _____

Deceased Divorced Date: _____ Where: _____
State

Name of former wife or domestic partner _____

Deceased Divorced Date: _____ Where: _____
State

(attach additional page, if necessary)

CHILDREN

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Name _____ Date of Birth _____ Name _____ Date of Birth _____

(attach additional page, if necessary)

Have you ever owned a boat, airplane or any licensed vehicle (other than a car)? No Yes

If Yes, describe vehicle: _____ License Number _____

Have you ever filed bankruptcy? No Yes

If Yes, where County _____ State _____

Is any portion of the new loan funds to be used for construction? No Yes

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

Signature: _____ Spouse or Domestic Partner's Signature: _____

Home Phone _____ Bus Phone _____ Spouse or Domestic Partner's Bus Phone _____

Cell Phone _____ Email _____ Spouse or Domestic Partner's Cell Phone _____ Spouse or Domestic Partner's Email _____



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