## CONFIDENTIAL INFORMATION STATEMENT

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 (if you are married) or domestic partner 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.

FIRST MIDDLE LAST FIRST MIDDLE  FORMER LAST NAME(S), IF ANY  BIRTHPLACE  BIRTH DATE  SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER  I	FIRST MIDDLE LAST  FORMER LAST NAME(S), IF ANY  BIRTHPLACE BIRTH DATE  SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER  I AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER  (If different from Party 1)  NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER  (IF NONE, WRITE "NONE")  DECEASED DIVORCED  WHEN: WHERE:  ES LAST 10 YEARS  From (Date) To (Date)  From (Date)  From (Date)  To (Date)  From (Date)  NS LAST 10 YEARS  Address  No. Years  Address  No. Years  Address  No. Years				1			
FORMER LAST NAME(S), IF ANY  BIRTHPLACE  BIRTH DATE  SOCIAL SECURITY NUMBER  DRIVER'S LICENSE NUMBER  I	FORMER LAST NAME(S), IF ANY  BIRTHPLACE  BIRTH DATE  SOCIAL SECURITY NUMBER  I AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER  (If different from Party 1)  NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")  DECEASED DIVORCED  WHEN: WHERE:  BIRTH DATE  BIRTH DATE  BIRTH DATE  BIRTH DATE  BIRTH DATE  PARTNER  TO DATE  TO DATE  TO DATE  FORM (DATE)  FORM (DATE)  From (Date)  From (Date)  From (Date)  TO (Date)  From (Date)  From (Date)  From (Date)  TO (Date)  PARTNER  Address  No. Years	Party 1			Party 2			
BIRTHPLACE  BIRTH DATE  SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER  I AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER  NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER  (If different from Party 2)  NAME OF FORMER SPOUSE OR DOMESTIC PARTNER  (IP NONE, WRITE NONE)  DECEASED DIVORCED  WHEN:  WHERE:  RESIDENCES LAST 10 YEARS  Party One  Number and Street  City, State, Zip Code  From Number and Street  City, State, Zip Code  From Number and Street  City, State, Zip Code  From Number and Street  OCCUPATIONS LAST 10 YEARS  Party One  Occupation  Firm Name  Address  Occupation  Firm Name  Address  The Street Address of the Property in this Transaction is:  Party One  Party Two  Party The Street Address of the Property in this Transaction is:  Party One  Party One  Party Two	BIRTH DATE  SOCIAL SECURITY NUMBER  I AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER  NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER  (If different from Party I)  NAME OF FORMER SPOUSE OR DOMESTIC PARTNER  (IF NONE, WRITE "NONE")  DECEASED DIVORCED  WHEN: WHERE:  BIRTH DATE  I HAVE A DOMESTIC PARTNER  (IF different from Party I)  NAME OF FORMER SPOUSE OR DOMESTIC PARTNER  (IF NONE, WRITE "NONE")  DECEASED TO LOTOR TO (Date)  From (Date)  From (Date)  To (Date)  From (Date)  To (Date)  NS LAST 10 YEARS  Address  No. Years	FIRST MIDDLE LAST			FIRST MIDDLE LAST			
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I AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER  NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER  (if different from Party 2)  NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER  (if different from Party 1)  NAME OF FORMER SPOUSE OR DOMESTIC PARTNER  (if none, write "None")  DECEASED DIVORCED  WHEN: WHERE:  WHERE:  RESIDENCES LAST 10 YEARS  Party One Number and Street City, State, Zip Code From Number and Street Number and Street City, State, Zip Code From Number and Street Number and Street OCCUPATIONS LAST 10 YEARS  Party One Occupation Firm Name Address  Occupation Firm Name Address  The Street Address of the Property in this Transaction is: Party One  Party One  Party One  Party One  Party Two  Party Trom Party One	I AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER  NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER  (if different from Party 1)  NAME OF FORMER SPOUSE OR DOMESTIC PARTNER  (IF NONE, WRITE "NONE")  DECEASED DIVORCED WHEN: WHERE:  ES LAST 10 YEARS  From (Date) To (Date)  From (Date) To (Date)  From (Date)  From (Date)  NS LAST 10 YEARS  Address  No. Years	BIRTHP	LACE	BIRTH DATE	BIRTHPLACE	BIRTH DATE		
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GF NONE, WRITE "NONE"   DECEASED	CIF NONE, WRITE "NONE")   DECEASED			DOMESTIC PARTNER				
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Two       Number and Street       City, State, Zip Code       From Name         OCCUPATIONS LAST 10 YEARS         Party         One       Occupation       Firm Name       Address         Party         Two       Occupation       Firm Name       Address         Occupation       Firm Name       Address         The Street Address of the Property in this Transaction is:       Party Two	Pons Last 10 YEARS  Address  Address  No. Years  Address  No. Years  Address  No. Years  Address  No. Years  Address  Signature:	Danty	Number and Street	City, State, Zip Code	From (Da	te) To (Date)		
OCCUPATIONS LAST 10 YEARS  Party One Occupation Firm Name Address  Occupation Firm Name Address  Party Two Occupation Firm Name Address  Occupation Firm Name Address  The Street Address of the Property in this Transaction is:  Party One Party Two	Address No. Years  Signature:	-	Number and Street	City, State, Zip Code	From (Da	tte) To (Date)		
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in this Transaction is:  Party One Party Two	Signature:		Occupation	Firm Name	Address No. Years			
	Signature:							
		<b>Party</b>	<u>One</u>		Party Two			
Signature: Signature:	Date:	Signature:			Signature:	Signature:		
Date: Date:		Date:			Date:			
Home Phone: Home Phone:	Home Phone:	Home Phone:			Home Phone:			
Mobile Number: Mobile Number:	Mobile Number:	Mobile Number:						
	Business Phone:	Business Phone:						
Business Phone: Business Phone:		Fax Number:						
Home Phone: Home Phone:	_	Home Phone:						
Business Phone: Business Phone:		Fax Number:			Fax Number:			