PLEASE COMPLETE, SIGN AND RETURN

Escrow No.: SAMPLE
Order No.: SAMPLE

CONFIDENTIAL INFORMATION STATEMENT

Proper completion of this form will help protect you by enabling the title company to eliminate the problems that might arise through similarity of your name with the name of another person against whom there may be judgments, tax liens, or other matters affecting property ownership.

COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU

Name (1st Party)	Name (2nd Party)
First Middle Last	First Middle Last
Date of Birth Birthplace	Date of Birth Birthplace
Social Security No.	Social Security No.
Home Phone _____ Business Phone _____	Home Phone _____ Business Phone _____
Cell Phone _____	Cell Phone _____
Driver's license # _____	Driver's license # _____

SAMPLE

ARE PARTIES 1 and 2 ( ) Married ( ) Domestic Partners Married on _____ at _____ Maiden Name _____

Name of Current Spouse if Different then party 2 _____

RESIDENCE(S) DURING PRECEDING 10 YEARS

_____ FROM _____ TO _____
NUMBER AND STREET CITY

_____ FROM _____ TO _____
NUMBER AND STREET CITY

_____ FROM _____ TO _____
NUMBER AND STREET CITY

_____ FROM _____ TO _____
NUMBER AND STREET CITY

SAMPLE

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

OCCUPATION (S)

1st Party _____

PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS

2nd Party _____

PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS

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

FORMER MARRIAGE(S)/PARTNERSHIPS

1st Party - Name of former Spouse/Domestic Partner _____

Deceased _____ Divorced/Termination _____ When _____ Where _____

2nd Party - Name of former Spouse/Domestic Partner _____

Deceased _____ Divorced/Termination _____ When _____ Where _____

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

THE STREET ADDRESS of the property in this transaction is: SAMPLE _____

SAMPLE

_____ _____
SIGNATURE SIGNATURE

_____ _____
DATE DATE

Email _____ Email _____