

STATEMENT OF INFORMATION

CONFIDENTIAL INFORMATION FOR YOUR PROTECTION

ESCROW#:

This statement is to be signed personally by each party to the transaction and both husband and wife before title insurance can be written. When filled in completely, it serve to establish identity, eliminate matters affecting persons of similar name, and protect you against forgeries, and speed the completion of your title order.

PLEASE PRINT

FULL NAME(S)

PLEASE PRINT

Form for first party with fields: FIRST NAME, FULL MIDDLE NAME-IF NONE, INDICATE, LAST NAME, Year of Birth, Social Security No., Ever Filed Bankruptcy, U.S. Citizen, Full Name of [] Wife [] Husband

Form for second party with fields: FIRST NAME, FULL MIDDLE NAME-IF NONE, INDICATE, LAST NAME, Year of Birth, Social Security No., Ever Filed Bankruptcy, U.S. Citizen

RESIDENCE DURING PAST 10 YEARS

Form for residence history with fields: NUMBER AND STREET, CITY, FROM (DATE) TO (DATE)

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

OCCUPATIONS DURING PAST 10 YEARS

Husband's

Form for husband's occupations with fields: OCCUPATION, FIRM NAME, STREET AND CITY, FROM (DATE) TO (DATE)

Wife's

Form for wife's occupations with fields: OCCUPATION, FIRM NAME, STREET AND CITY, FROM (DATE) TO (DATE)

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

BUSINESS OWNED OR OPERATED IN THE LAST 10 YEARS

[] Husband [] Wife

Form for business owned/operated with fields: BUSINESS NAME, ADDRESS, FROM (DATE) TO (DATE)

[] Husband [] Wife

Form for business owned/operated with fields: BUSINESS NAME, ADDRESS, FROM (DATE) TO (DATE)

FORMER MARRIAGE(S)

If no former marriages, write "None"

Form for former wife with fields: Name of former wife, Deceased, Divorced, Where, DATE, CITY AND STATE

Form for former husband with fields: Name of former husband, Deceased, Divorced, Where, DATE, CITY AND STATE

THIS PORTION IS TO BE COMPLETED BY THE PROPERTY OWNER (INCLUDING ABOVE PORTIONS)

The street address in this transaction is

The land is unimproved ___; or improved with a structure of the following type: a Single or 1 to 4 Family ___; a Condominium Unit ___; Other ___

Improvements, remodeling or repairs to this property have been made within the past six months. Yes ___ No ___

If Yes, have all of the costs for labor and materials arising in connection therewithin been paid in full? Yes ___ No ___

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

Executed on ___ at ___ DATE CITY AND STATE

SIGNATURE

SIGNATURE

Home Phone

Business Phone