

**STATEMENT OF INFORMATION  
CONFIDENTIAL INFORMATION FOR YOUR PROTECTION**

ESCROW:

ORDER NUMBER:

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 filed in completely, it serve to establish identity, eliminate matters affecting persons of similar name, and protect you against forgeries, and speed the completion of you title order.

PLEASE PRINT FULL NAMES(S) PLEASE PRINT

\_\_\_\_\_  
FIRST NAME FULL MIDDLE NAME-IF NONE, INDICATE LAST NAME

Year of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Ever Filed Bankruptcy Yes  No  U.S. Citizen Yes  No

Full name of  Wife  Husband \_\_\_\_\_

\_\_\_\_\_  
FIRST NAME FULL MIDDLE NAME-IF NONE, INDICATE LAST NAME

Year of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Ever Filed Bankruptcy Yes  No  U.S. Citizen Yes  No

We were married on \_\_\_\_\_ at \_\_\_\_\_  
DATE CITY AND STATE

Driver's License # (his) \_\_\_\_\_ (hers) \_\_\_\_\_

**RESIDENCES DURING PAST 10 YEARS**

\_\_\_\_\_  
NUMBER AND STREET CITY FROM(DATE) TO (DATE)

\_\_\_\_\_  
NUMBER AND STREET CITY FROM(DATE) TO (DATE)

\_\_\_\_\_  
NUMBER AND STREET CITY FROM(DATE) TO (DATE)  
(IF MORE SPACE IS NEEDED, USE REVERSE SIDE OF FORM.)

**OCCUPATIONS DURING PAST 10 YEARS**

Husband's \_\_\_\_\_

OCCUPATION FIRM NAME STREET AND CITY FROM(DATE) TO (DATE)

OCCUPATION FIRM NAME STREET AND CITY FROM(DATE) TO (DATE)

Wife's \_\_\_\_\_

OCCUPATION FIRM NAME STREET AND CITY FROM(DATE) TO (DATE)

OCCUPATION FIRM NAME STREET AND CITY FROM(DATE) TO (DATE)  
(IF MORE SPACE IS NEEDED, USE REVERSE SIDE OF FORM.)

**BUSINESSES OWNED OR OPERATED IN THE LAST 10 YEARS**

Husband  Wife \_\_\_\_\_  
BUSINESS NAME ADDRESS FROM(DATE) TO (DATE)

Husband  Wife \_\_\_\_\_  
BUSINESS NAME ADDRESS FROM(DATE) TO (DATE)

**FORMER MARRIAGE(S)**

If no former marriages, write "None" \_\_\_\_\_

Name of former wife \_\_\_\_\_

Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Where \_\_\_\_\_  
DATE DATE CITY AND STATE

Name of former Husband \_\_\_\_\_

Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Where \_\_\_\_\_  
DATE DATE CITY AND STATE

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

The Street Address of the Property in this transaction is \_\_\_\_\_

The land is unimproved ; or improved with a structure of the following type: a Single 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 costs for labor and materials arising in connection therewith 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

**SIGNATURE**

**SIGNATURE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone

Business Phone