PLEASE COMPLETE, SIGN AND RETURN

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	
I have lived in California since	Social Security No.		I have lived in California since	Social Security No.	
Home Phone _____ Business Phone _____			Home Phone _____ Business Phone _____		
Cell Phone _____			Cell Phone _____		
Driver's license # _____			Driver's license # _____		

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

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		

(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

If no former marriages/Domestic Partnerships, write "none" _____

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: _____

IMPROVEMENT: ( ) SINGLE RESIDENCE   ( ) MULTIPLE RESIDENCE   ( ) COMMERCIAL
OCCUPIED BY: ( ) OWNER   ( ) LESSEE   ( ) TENANTS
ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION: ( ) YES   ( ) NO

HAS ANY CONSTRUCTION OR IMPROVEMENTS BEEN MADE TO THE PROPERTY IN THIS TRANSACTION DURING THE LAST SIX MONTHS?
( ) YES   ( ) NO

_____	_____
SIGNATURE	SIGNATURE
_____	_____
DATE	DATE

Email _____   Email _____