

# STATEMENT OF INFORMATION

(For confidential use by the Title Company in searching the records in connection with the file number shown below.)

Property: \_\_\_\_\_  
\_\_\_\_\_, CA \_\_\_\_\_

File No.: \_\_\_\_\_  
Ref No.: \_\_\_\_\_

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.

In order to eliminate items in the chain of title that are not applicable to you (for example: a judgment lien against a party with a similar/same name), we may contact appropriate parties to help us eliminate matters regarding your title. We are in accordance with our privacy policy when we do so.

The information you provide, and your spouse or domestic partner<sup>1</sup> if you are married, or in a domestic partnership, 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.

Name: \_\_\_\_\_ US Resident since \_\_\_\_\_ Year  
First Middle – if none, indicate Last

Have you ever been known by any other name?  No  Yes If yes, indicate name \_\_\_\_\_

Social Security No XXX-XX-     Driver License No     (Last 4 digits)  
Date of Birth \_\_\_\_\_ Location of Birth \_\_\_\_\_

Spouse or Domestic Partner's Name: \_\_\_\_\_ US Residence since \_\_\_\_\_ Year  
First Middle – if none, indicate Last

Social Security No XXX-XX-     Driver License No     (Last 4 Digits)  
Date of Birth \_\_\_\_\_ Location of Birth \_\_\_\_\_

Have you ever been known by any other name?  No  Yes If yes, indicate name \_\_\_\_\_

If married or in a domestic partnership, \_\_\_\_\_ at \_\_\_\_\_  
Date City and State

## RESIDENCES LAST 10 YEARS (list most recent first)

Number and Street	City, State, Zip Code	From/To (Date)
Number and Street	City, State, Zip Code	From/To (Date)
Number and Street	City, State, Zip Code	From/To (Date)

(attach additional page, if necessary)

## OCCUPATIONS

Occupation	Co. Name	Address, City, State Zip	No. Yr's/Mo's
Spouse or Domestic Partner's Occupation	Co. Name	Address, City, State Zip	No. Yr's/Mo's

## BUSINESS OWNED OR PARTNERSHIP AFFILIATIONS

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tax ID No. (Last 4 digits)	Firm/Partnership Name	Address, City, State Zip	No. Yr's/Mo's
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tax ID No. (Last 4 digits)	Firm/Partnership Name	Address, City, State Zip	No. Yr's/Mo's

(attach additional page, if necessary)

<sup>1</sup> Domestic Partner refers to an individual in a state recognized quasi-marital relationship entered into by same-sex couples whether such relationship is identified as a "domestic partnership," "civil union", or similar term.

File No.: \_\_\_\_\_

Date: \_\_\_\_\_

**FORMER MARRIAGE(S) – OR DOMESTIC PARTNERSHIP(S)**

Please complete the following: **OR** If no former marriages or domestic partnerships, write "NONE" \_\_\_\_\_

Name of former husband or domestic partner \_\_\_\_\_

Deceased  Divorced  Date: \_\_\_\_\_ Where: \_\_\_\_\_  
State

Name of former wife or domestic partner \_\_\_\_\_

Deceased  Divorced  Date: \_\_\_\_\_ Where: \_\_\_\_\_  
State

(attach additional page, if necessary)

**CHILDREN**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(attach additional page, if necessary)

Have you ever owned a boat, airplane or any licensed vehicle (other than a car)?  No  Yes

If Yes, describe vehicle: \_\_\_\_\_ License Number \_\_\_\_\_

Have you ever filed bankruptcy?  No  Yes

If Yes, where County \_\_\_\_\_ State \_\_\_\_\_

Is any portion of the new loan funds to be used for construction?  No  Yes

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:**

Signature:  \_\_\_\_\_ Spouse or Domestic Partner's Signature:  \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Spouse or Domestic Partner's Bus Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Spouse or Domestic Partner's Cell Phone \_\_\_\_\_ Spouse or Domestic Partner's Email \_\_\_\_\_