

Statement of Information

CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH ESCROW NO: NOTE: This form is very important. It is needed to verify your identity and to eliminate judgments and liens against people with similar names.

THE STREET ADDRESS of the property in this transaction is: (If none, please leave blank)

ADDRESS _____ CITY and STATE _____

1. Improvements: Single Residence Multiple Residence Commercial Vacant Land

2. Occupied by: Owner Tenants 3. ANY CONSTRUCTION WITHIN THE LAST 6 MONTHS? YES NO

4. IF YES to No. 3, STATE NATURE WORK DONE: _____

PARTY 1

PARTY 2

First Middle Last First Middle Last

Former Last Name(s), if any Former Last Name(s), if any

Birthplace Birth Date Birthplace Birth Date

Social Security Number Driver's License No. Social Security Number Driver's License No.

am single am married have a **registered** domestic partner am single am married have a **registered** domestic partner

Current Spouse or Registered Domestic Partner (Other Than Party 2): Current Spouse or Registered Domestic Partner (Other Than Party 1):

Name: Name:

Former spouse/domestic partner (if none - check this box): Former spouse/domestic partner (if none - check this box):

Deceased Date: _____ Where: _____

Deceased Date: _____ Where: _____

Divorce/Dissolution Date: _____ Where: _____

Divorce/Dissolution Date: _____ Where: _____

Children from current and/or former marriages and/or domestic partnerships Children from current and/or former marriages and/or domestic partnerships

Child Name: _____ DOB: _____ Child Name: _____ DOB: _____

Child Name: _____ DOB: _____ Child Name: _____ DOB: _____

Marriage or Domestic Partnership Between Parties 1 and 2

Are Parties 1 and 2: Married? Date _____ Registered Domestic Partners? Date: _____

Party 1 - Occupations for the Last 10 Years (attach an additional page, if necessary)

Present Occupation Firm Name Address From To

Present Occupation Firm Name Address From To

Party 1 - Residences for the Last 10 Years (attach additional page, if necessary)

Number and Street City, State, Zip Code From To

Number and Street City, State, Zip Code From To

Party 2 - Occupations for the Last 10 Years (attach an additional page, if necessary)

Present Occupation Firm Name Address From To

Present Occupation Firm Name Address From To

Party 2 - Residences for the Last 10 Years (attach additional page, if necessary) (if same as Party 1, write "same")

Number and Street City, State, Zip Code

Number and Street City, State, Zip Code

Have any of the above parties owned or operated a business? No Yes If yes, please list name(s): _____

I have never been adjudged, bankrupt nor are there any unsatisfied judgments or other matters pending against me which might affect my title to this property except as follows: _____

The undersigned declare under penalty of perjury that the above information is true and correct (all parties must sign)

Phone(s) # _____

Phone(s) # _____

E-Mail: _____

E-Mail: _____

Party 1 Signature _____

Date _____

Party 2 Signature _____

Date _____