

# Statement of Information

CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH Transaction Number: \_\_\_\_\_

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 From To

Number and Street City, State, Zip Code From To

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