## CONFIDENTIAL STATEMENT OF INFORMATION

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

Nan	ne (1st Party)			Name (2nd Party)		
First Mide	dle Last		First	Middle	Last	
Date of Birth Birthplace			Date of Birth	Birthplace		
	al Security No.		I have lived in	Social Security No.		
California since			California since			
Home PhoneB	susiness Phone		Home Phone	Business Phone		
Driver's license #			Driver's license #			
ARE PARTIES 1 and 2 ( ) Married ( )	Domestic Partners Married on _		at	Maiden Name	e	
	RESIDEN	CE(S) DURING	G PRECEDING 10 YEARS	<b>;</b>		
NUMBER AND STREET		CITY		FROM	TO	
NUMBER AND STREET		CITY		FROM	TO	
				FROM	TO	
NUMBER AND STREET		CITY		FROM	ТО	
NUMBER AND STREET	(If	CITY more space is needed	, use reverse side of form)	<u>r ko</u> w	10	
		OCCUPA	ATION (S)			
st Party PRESENT OCCUPATION	FIRM N	NAME	ADDRESS	NO	D. YEARS	
PRIOR OCCUPATION	FIRM N	NAME	ADDRESS	NO	O. YEARS	
2nd Party PRESENT OCCUPATION	FIRM N	NAME	ADDRESS	NO	O. YEARS	
PRIOR OCCUPATION	*	more space is needed	ADDRESS , use reverse side of form) SE(S)/PARTNERSHIPS	NO	O. YEARS	
f no former marriages/Domestic Partnerships	s, write "none"					
st Party - Name of former Spouse/Domestic	Partner					
DeceasedDivorc	ed/Termination	When	Where			
2nd Party - Name of former Spouse/Domestic	e Partner					
DeceasedDivorc			Where , use reverse side of form)			
	`		,			
THE STREET ADDRESS of the property in	this transaction is:					
IMPROVEMENT: ( ) SINGL OCCUPIED BY: ( ) OWNE ANY PORTION OF NEW LOA	LE RESIDENCE ( ) MUL ER ( ) LESS N FUNDS TO BE USED FOR CO		( ) COMMERCIAL ( ) TENANTS ( ) YES ( ) NO			
HAS ANY CONSTRUCTION OR IMPROV				SIX MONTHS?		

SIGNATURE SIGNATURE

DATE DATE