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.

Indgments, tax liens, or other matters affecting property ownership. COMPLETION OF THIS FORM WILL EXPEDIT Name (1st Party)			TE YOUR ORDER AND WILL HELP PROTECT YOU Name (2nd Party)			
First	Middle	Last	First	Middle	Last	
Date of Birth	e of Birth Birthplace		Date of Birth	Birthplace		
l have lived in California since			I have lived in California since	Social Security No.	Social Security No.	
Home Phone	ne PhoneBusiness Phone		Home Phone	Business Phon	e	
Driver's license #			Driver's license #			
ARE PARTIES 1 and 2 () Married () Domestic Partne		ers Married on	at	Maiden Nan	né	
		RESIDENCE(S) DURI	NG PRECEDING 10 YEARS			
		CITY		FROM	то	
				FROM	то	
NUMBER AND STREET		CITY				
NUMBER AND STREET		CITY		FROM	то	
NOWBER AND STREET		0111		FROM	то	
NUMBER AND STREET			ed, use reverse side of form) JPATION (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	<u> </u>	FIRM NAME (If more space is need FORMER MARRIA	ADDRESS ed, use reverse side of form) AGE(S)/PARTNERSHIPS	NO. YEARS		
-	stic Partnerships, write "none"_	· · · · · · ·				
1st Party - Name of former S	·					
Deceased	Divorced/Termination	When	Where			
2nd Party - Name of former S	Spouse/Domestic Partner				<u></u>	
Deceased	Divorced/Termination	When (If more space is need	Where ed, use reverse side of form)			
			······			
IMPROVEMENT: OCCUPIED BY:	the property in this transaction : () SINGLE RESIDENCE () OWNER DF NEW LOAN FUNDS TO BE	() MULTIPLE RESIDENC () LESSEE	() TENANTS			
			I THIS TRANSACTION DURING TH	IE LAST SIX MONTHS?		
	SIGNATURE		SIGNATUR	E	<u> </u>	
	DATE		DATE			