STATEMENT OF INFORMATION

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

Property Address:

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. The information you provide, and your spouse if you are married, 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 Residence since: 			
Firs	Middle – if none, indicate	Last		Year		
Have you ever been	known by any other name: No 🗌 Yes 🗌] If yes, indicate name:				
Social Security Numb	Der:	Driver License Number:				
Date of Birth:		Location of Birth:				
Spouse's Name:		Last	 US Residence since: 	Year		
Have you ever been known by any other name: No 🗌 Yes 🗌] If yes, indicate name:				
Social Security Numb	per:	Driver License Number:				
Date of Birth:		_ Location of Birth:	Location of Birth:			
Number and Street City, State, Zip Code			From/To (Dat	e)		
Number and Street City, State, Zip Code			From/To (Dat	e)		
				,		
Number and Street	City, State, Zip Code	From/To (Da		e)		
	(attach addit	ional page, if necessary)				
	000	CUPATIONS				
Occupation	Company Name A	ddress, City, State, Zip Code	No. Yrs/Mos			
Spouse's Occupation	Company Name A	ddress, City, State, Zip Code	No. Yrs/Mos			
	BUSINESS OWNED OR		ONS			
Tax ID Number	Firm/Partnership Name A	ddress, City, State, Zip Code	No. Yrs/Mos			

 Tax ID Number
 Firm/Partnership Name
 Address, City, State, Zip Code

 Tax ID Number
 Firm/Partnership Name
 Address, City, State, Zip Code

No. Yrs/Mos

(attach additional page, if necessary)

File No.:

FORMER MARRIAGE(S)									
Please complete the following: Name of former wife:		OR	If no former marriag	If no former marriages, indicate "NONE"					
Deceased 🗌	Divorced 🗌		W	here:					
Name of former hus									
Deceased 🗌	Divorced 🗌	Date:	W	here:					
		(attach addi	tional page, if necessary)						
CHILDREN									
Name		Date of Birth	Name		Date of Birth				
Name		Date of Birth	Name		Date of Birth				
		(attach addi	tional page, if necessary)						
Have you ever owned a boat, airplane or any licensed vehicle (other than a car)? No If yes, describe vehicle: Licen:					Yes 🗌 umber:				
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 🗌					
			REGOING IS TRUE AND Spouse's Signature:						
Home Phone		Bus Phone		Spouse's Bus Phone					