

Lawyers Title STATEMENT OF INFORMATION

CONFIDENTIAL INFORMATION STATEMENT TO BE USED IN CONNECTION WITH ORDER NO:
COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU.

THE STREET ADDRESS of the property in this transaction is:
IF NONE LEAVE BLANK
ADDRESS _____ **CITY** _____

IMPROVEMENTS: SINGLE RESIDENCE MULTIPLE RESIDENCE COMMERCIAL
 OCCUPIED BY: OWNER LESSEE TENANTS
 ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION YES NO

NAME			SPOUSES NAME		
FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
BIRTHPLACE		BIRTH DATE	BIRTHPLACE		BIRTH DATE
I HAVE LIVED IN CALIFORNIA SINCE		SOCIAL SECURITY NUMBER	I HAVE LIVED IN CALIFORNIA SINCE		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NO.			DRIVER'S LICENSE NO.		
WIFE'S MAIDEN NAME					
WE WERE MARRIED ON			AT		

RESIDENCE(S) FOR LAST 10 YEARS

NUMBER AND STREET	CITY	FROM	TO
NUMBER AND STREET	CITY	FROM	TO
NUMBER AND STREET	CITY	FROM	TO
NUMBER AND STREET	CITY	FROM	TO

OCCUPATION(S) FOR LAST 10 YEARS

HUSBAND			
PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS
WIFE			
PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS

FORMER MARRIAGES: IF NO FORMER MARRIAGES, WRITE "NONE" _____
 NAME OF FORMER SPOUSE _____
 IF DECEASED: DATE _____ WHERE _____

CURRENT LOAN ON PROPERTY
 PAYMENTS ARE BEING MADE TO:
 1. _____ 2. _____
 3. _____

HOMEOWNERS ASSOCIATION _____ NUMBER () _____

DATE _____ **SIGNATURE** _____
HOME PHONE _____ **BUSINESS PHONE** _____