



****PLEASE COMPLETE, SIGN AND RETURN****

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.
COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU

Name (1st Party)			Name (2nd Party)		
First	Middle	Last	First	Middle	Last
Date of Birth		Birthplace	Date of Birth		Birthplace
I have lived in California since		Social Security No.	I have lived in California since		Social Security No.
Home Phone _____		Business Phone _____	Home Phone _____		Business Phone _____
Driver's license # _____			Driver's license # _____		

RESIDENCE(S) DURING PRECEDING 10 YEARS

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

OCCUPATION (S)

1st Party			
PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS
2nd Party			
PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS

FORMER MARRIAGE(S)/PARTNERSHIPS

If no former marriages/Domestic Partnerships, write "none" _____

1st Party - Name of former Spouse/Domestic Partner _____

Deceased _____ Divorced/Termination _____ When _____ Where _____

2nd Party - Name of former Spouse/Domestic Partner _____

Deceased _____ Divorced/Termination _____ When _____ Where _____

SIGNATURE	SIGNATURE
DATE	DATE