

**Stewart Title of California, Inc.
STATEMENT OF INFORMATION**

CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH ORDER NO.: ESCROW NO.:
NOTE: THIS FORM IS NEEDED IN ORDER TO ELIMINATE JUDGMENTS AND LIENS AGAINST PEOPLE WITH SIMILAR NAMES

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 TENANTS
 CONSTRUCTION OR IMPROVEMENTS WITHIN THE LAST 6 MONTHS? YES NO
 IF YES, STATE NATURE WORK DONE _____

PARTY 1

PARTY 2

FIRST _____ MIDDLE _____ LAST _____

FIRST _____ MIDDLE _____ LAST _____

FORMER LAST NAME(S), IF ANY _____

FORMER LAST NAME(S), IF ANY _____

BIRTHPLACE _____ BIRTH DATE _____

BIRTHPLACE _____ BIRTH DATE _____

Social Security No. _____ DRIVER'S LICENSE NO. _____

Social Security No. _____ DRIVER'S LICENSE NO. _____

Home _____ Cell _____
 AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER

Home _____ Cell _____
 AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER

Date of Marriage or Partnership _____

Date of Marriage or Partnership _____

NAME OF CURRENT SPOUSE OR DOM. PARTNER (if other than Party 2): _____

NAME OF CURRENT SPOUSE OR DOM. PARTNER (if other than Party 1): _____

NAME OF FORMER SPOUSE/DOM. PARTNER: (IF NONE, WRITE "NONE"): _____

NAME OF FORMER SPOUSE/DOM. PARTNER: (IF NONE, WRITE "NONE"): _____

Dissolutions pending Yes No (circle one)
 Do you make child support payments? Yes No (circle one)
 Do you make payments to Family Support? Yes No (circle one)
 If paying former spouse directly, please provide address: _____

Dissolutions pending Yes No (circle one)
 Do you make child support payments? Yes No (circle one)
 Do you make payments to Family Support? Yes No (circle one)
 If paying former spouse directly, please provide address: _____

OCCUPATIONS FOR LAST 10 YEARS (see attached for additional 10 year information)

Party 1: _____
 Occupation Firm Name Street and City No. Years

Party 2: _____
 Occupation Firm Name Street and City No. Years

RESIDENCES FOR LAST 10 YEARS (see attached for additional 10 year information)

Party 1: _____
 Street No. Street Name City No. Years

Party 2: _____
 Street No. Street Name City No. Years

Email Address

If you would like us to contact you by email, please provide your email address _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

The undersigned declare, under penalty of perjury, that foregoing is true and correct.

Signature: _____ Date: _____ Signature: _____ Date: _____