

Equity Title

STATEMENT OF INFORMATION

CONFIDENTIAL

Proper completion of this form will help protect you by enabling our Underwriting Department/Title Department to eliminate title problems that may arise through similarity of your name with the name of another person against whom there may be judgments, tax liens or other matters affecting the Subject Property or your Ownership.

DATE: _____

ESCROW/FILE NO. _____

Please Print FULL NAME(S) Please Print
FIRST PARTY FIRST NAME MIDDLE NAME (IF NON, PLEASE STATE "NONE") LAST NAME

Married _____ at _____ Maiden/Original Name _____
DATE CITY & STATE

SECOND PARTY FIRST NAME MIDDLE NAME (IF NON, PLEASE STATE "NONE") LAST NAME

Married _____ at _____ Maiden/Original Name _____
DATE CITY & STATE

Table with 2 columns: FIRST PARTY, SECOND PARTY. Rows include Social Security No., Date of Birth, Place of Birth, Present Home Telephone, Present Work Telephone.

RESIDENCES DURING THE PAST TEN (10) YEARS

Table with 5 columns: Residency Number, Number & Street, City & State, From (Mo/Yr), To (Mo/Yr). Rows 1-4.

If additional space is needed, please use reverse of him

EMPLOYERS DURING THE PAST TEN (10) YEARS

Table with 5 columns: Party Type, Firm Name, City & State, From (Mo/Yr), To (Mo/Yr). Rows for First and Second Party.

FORMER MARRIAGES (If none, please state "NONE")

Table for former marriages with columns for Party Type, Name, Date, and City & State. Includes OR and Death of Spouse options.

Buyer OR Property Owner DOES or INTENDS TO reside on the Land: YES NO
The land is CURRENTLY OCCUPIED by: Property Owner Tenant Lessee
Improvements on Land: Single Residence Multiple-Greater than 4 Residence Com'l Vacant Land
Has there been any work done on the Land in the last 90 days? Yes No
Are the Homeowners Association dues current? Yes No N/A
Will there be any changes, alterations or improvements to the Land prior to the close of escrow? Yes No

First Party Signature Second Party Signature

NOTE: All Parties to this transaction need to complete this form.