

**[NAME OF COMPANY]**  
**STATEMENT OF INFORMATION**

**CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH ORDER 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 \_\_\_\_\_

1. IMPROVEMENTS:  SINGLE RESIDENCE  MULTIPLE RESIDENCE  COMMERCIAL  
2. OCCUPIED BY:  OWNER  TENANTS 3. ANY CONSTRUCTION WITHIN THE LAST 6 MONTHS?  YES  NO  
4. IF YES to No. 3, STATE NATURE OF WORK DONE: \_\_\_\_\_

<b>PARTY 1</b>			<b>PARTY 2</b>		
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 NUMBER _____		DRIVER'S LICENSE NO. _____	SOCIAL SECURITY NUMBER _____		DRIVER'S LICENSE NO. _____
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> I HAVE A <b>REGISTERED</b> DOMESTIC PARTNER			<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> I HAVE A <b>REGISTERED</b> DOMESTIC PARTNER		
CURRENT SPOUSE OR REGISTERED DOM. PARTNER (Other than Party 2): Name: _____			CURRENT SPOUSE OR REGISTERED DOM. PARTNER (Other than Party 1): Name: _____		
FORMER SPOUSE / REGISTERED DOM. PARTNER: Name: _____			FORMER SPOUSE / REGISTERED DOM. PARTNER: Name: _____		

***MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP BETWEEN PARTIES 1 AND 2***

MARRIED? \_\_\_\_\_ REGISTERED DOM. PARTNERS? \_\_\_\_\_ DATE OF MARRIAGE/REG. DOM. PARTNERSHIP: \_\_\_\_\_

<b><i>PARTY 1 - OCCUPATIONS FOR LAST 10 YEARS</i></b>			
PRESENT OCCUPATION _____	FIRM NAME _____	ADDRESS _____	NO. OF YEARS _____
PRIOR OCCUPATION _____	FIRM NAME _____	ADDRESS _____	NO. OF YEARS _____
<b><i>PARTY 1 - RESIDENCES FOR LAST 10 YEARS</i></b>			
NUMBER AND STREET _____	CITY and STATE _____		FROM _____ TO _____
<b><i>PARTY 2 - OCCUPATIONS FOR LAST 10 YEARS</i></b>			
PRESENT OCCUPATION _____	FIRM NAME _____	ADDRESS _____	NO. OF YEARS _____
PRIOR OCCUPATION _____	FIRM NAME _____	ADDRESS _____	NO. OF YEARS _____
<b><i>PARTY 2 - RESIDENCES FOR LAST 10 YEARS (If same as Party 1, write "same")</i></b>			
NUMBER AND STREET _____	CITY and STATE _____		FROM _____ TO _____

**I/WE HEREBY AUTHORIZE LENDERS TO RELEASE PAYOFF INFORMATION, IN WRITING OR VERBALLY, TO** \_\_\_\_\_

DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**SIGNATURES** \_\_\_\_\_