

**CONFIDENTIAL STATEMENT OF INFORMATION**

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the use of fraudulent or forged documents. Complete all blanks (please print) or indicate "none" or "N/A". Each party to the transaction is to personally sign this form. Fax to: (626) 262-4332 or Email to: Hello@LotusEscrow.com

<b>CONFIDENTIAL-TO BE USED ONLY IN CONNECTION WITH PROPERTY ADDRESS:</b>				
1. IMPROVEMENTS:	<input type="checkbox"/> NONE/VACANT LAND	<input type="checkbox"/> SINGLE RESIDENCE	<input type="checkbox"/> MULTIPLE RESIDENCE	<input type="checkbox"/> COMMERCIAL
2. OCCUPIED BY:	<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANTS		
3. CONSTRUCTION WITHIN LAST 6 MONTHS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

<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		DRIVERS LICENSE NUMBER	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER
NAME OF FORMER SPOUSE/REGISTERED DOMESTIC PARTNER			NAME OF FORMER SPOUSE/REGISTERED DOMESTIC PARTNER		

**MARRIAGE**

SINGLE       MARRIED       UNMARRIED      DATE OF MARRIAGE/DIVORCE \_\_\_\_\_

<b>PARTY 1</b>			
<b>RESIDENCES (10 Year History Required)</b>			
ADDRESS	CITY	STATE	FROM (DATE) TO (DATE)
ADDRESS	CITY	STATE	FROM (DATE) TO (DATE)
ADDRESS	CITY	STATE	FROM (DATE) TO (DATE)
<b>OCCUPATIONS (10 Year History Required)</b>			
OCCUPATION	FIRM NAME	ADDRESS	NUMBER OF YEARS
OCCUPATION	FIRM NAME	ADDRESS	NUMBER OF YEARS

<b>PARTY 2</b>			
<b>RESIDENCES (10 Year History Required)</b>			
ADDRESS	CITY	STATE	FROM (DATE) TO (DATE)
ADDRESS	CITY	STATE	FROM (DATE) TO (DATE)
ADDRESS	CITY	STATE	FROM (DATE) TO (DATE)
<b>OCCUPATIONS (10 Year History Required)</b>			
OCCUPATION	FIRM NAME	ADDRESS	NUMBER OF YEARS
OCCUPATION	FIRM NAME	ADDRESS	NUMBER OF YEARS

**THE UNDERSIGNED DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT:**

SIGNATURE:	SIGNATURE:
PRINTED NAME:	PRINTED NAME:
DATE:	DATE:
PHONE:	PHONE:
EMAIL:	EMAIL: