Email

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.

judgments, tax liens, or other man	COMPLETION OF T	HIS FORM WILL EXPEDITE	YOUR ORDER AND WILL H	IELP PROTECT YOU		
	Name (1st Party)			Name (2nd Party)	
First	Middle	Last	First	Middle	Last	
Date of Birth	Birthplace		Date of Birth	Birthplace	Birthplace	
I have lived in California since			I have lived in California since	Social Security No.	Social Security No.	
Home Phone	PhoneBusiness Phone Home Phone		_ Home Phone	Business Phone		
Cell Phone			Cell Phone			
Driver's license #			_ Driver's license #			
ARE PARTIES 1 and 2 () Married () Domestic Part	ners Married on	at	Maiden Nar	ne	
			G PRECEDING 10 YEARS			
				FROM	то	
NUMBER AND STREET		CITY				
NUMBER AND STREET		CITY		FROM	TO	
				FROM	ТО	
NUMBER AND STREET		CITY				
NUMBER AND STREET		CITY (If more space is needed	I, use reverse side of form)	FROM	<u>TO</u>	
			ATION (S)			
1st Party PRESENT OCCUPATION		FIRM NAME	ADDRESS	N	D. YEARS	
PRIOR OCCUPATION		FIRM NAME	ADDRESS	N	NO. YEARS	
2nd Party PRESENT OCCUPATION		FIRM NAME	ADDRESS	N	NO. YEARS	
PRIOR OCCUPATION		FIRM NAME (If more space is needed	ADDRESS I, use reverse side of form)	N	NO. YEARS	
If no former marriages/Dome	estic Partnerships, write "none"		BE(S)/PARTNERSHIPS			
1st Party - Name of former S	Spouse/Domestic Partner					
Deceased	Divorced/Termination	When	Where			
2nd Party - Name of former	Spouse/Domestic Partner					
Deceased	Divorced/Termination	When (If more space is needed	Where I, use reverse side of form)			
THE STREET ADDRESS of	the property in this transaction	is: 853 N. Main St. Space # 53,	Corona. CA 92878			
IMPROVEMENT OCCUPIED BY:	: () SINGLE RESIDENCE () OWNER					
			THIS TRANSACTION DURING TH	HE LAST SIX MONTHS?		
	SIGNATURE		SIGNATUR	E		
	DATE		DATE			

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