



CRAWFORD REAL ESTATE SERVICES

STATEMENT OF INFORMATION CONFIDENTIAL INFORMATION FOR YOUR PROTECTION

ESCROW NO.:

ORDER NO.:

This Statement is to be signed personally by each party to the transaction and both husband and wife before title insurance can be written. When filled in completely, it serve to establish identity, eliminate matters affecting persons of similar name, and protect you against forgeries, and speed the completion of your title order.

PLEASE PRINT FULL NAME(S) PLEASE PRINT
FIRST NAME FULL MIDDLE NAME - IF NONE, INDICATE LAST NAME
Year of Birth Social Security No.
Ever Filed Bankruptcy Yes No U.S. Citizen Yes No
Full name of [] Wife [] Husband

FIRST NAME FULL MIDDLE NAME - IF NONE, INDICATE LAST NAME
Year of Birth Social Security No.
Ever Filed Bankruptcy Yes No U.S. Citizen Yes No
We were married on DATE at CITY AND STATE Wife's maiden name
Driver's License # (his) (hers)

RESIDENCE DURING PAST 10 YEARS

NUMBER AND STREET CITY FROM (DATE) TO (DATE)
NUMBER AND STREET CITY FROM (DATE) TO (DATE)
NUMBER AND STREET CITY FROM (DATE) TO (DATE)
(IF MORE SPACE IS NEEDED, USE REVERSE SIDE OF FORM)

OCCUPATIONS DURING PAST 10 YEARS

Husband's OCCUPATION FIRM NAME STREET AND CITY FROM (DATE) TO (DATE)
Wife's OCCUPATION FIRM NAME STREET AND CITY FROM (DATE) TO (DATE)
OCCUPATION FIRM NAME STREET AND CITY FROM (DATE) TO (DATE)
OCCUPATION FIRM NAME STREET AND CITY FROM (DATE) TO (DATE)
(IF MORE SPACE IS NEEDED, USE REVERSE SIDE OF FORM)

BUSINESSES OWNED OR OPERATED IN THE LAST 10 YEARS

[] Husband [] Wife BUSINESS NAME ADDRESS FROM (DATE) TO (DATE)
[] Husband [] Wife BUSINESS NAME ADDRESS FROM (DATE) TO (DATE)

FORMER MARRIAGE (S)

If no former marriages, write "None"
Name of former wife
Deceased DATE Divorced DATE Where CITY AND STATE
Name of former husband
Deceased DATE Divorced DATE Where CITY AND STATE

THIS PORTION IS TO BE COMPLETED BY THE PROPERTY OWNER (INCLUDING ABOVE PORTIONS)

The Street Address of the property in this transaction is
The land is unimproved; or improved with a structure of the following type: a Single or 1 to 4 Family; a Condominium Unit; Other
Improvements, remodeling or repairs to this property have been made within the past six months. Yes No
If Yes, have all costs for labor and materials arising in connection therewith been paid in full: Yes No
The undersigned declare, under penalty of perjury, that the foregoing is true and correct.
Executed on DATE, at CITY

SIGNATURE

SIGNATURE

HOME PHONE

BUSINESS PHONE