

**Lawyers Title Company - Statement of Information**

**CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH Transaction Number:** \_\_\_\_\_

**NOTE: This form is very important.** It is needed to verify your identity and to eliminate judgments and liens against people with similar names.

**THE STREET ADDRESS of the property in this transaction is:** \_\_\_\_\_ (If none, please leave blank)

ADDRESS \_\_\_\_\_ CITY and STATE \_\_\_\_\_

1. Improvements:  Single Residence  Multiple Residence  Commercial  Vacant Land

2. Occupied by:  Owner  Tenants 3. ANY CONSTRUCTION WITHIN THE LAST 6 MONTHS?  YES  NO

4. IF YES to No. 3, STATE NATURE WORK DONE: \_\_\_\_\_

**PARTY 1**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Former Last Name(s), if any \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License No. \_\_\_\_\_

I  am single  am married  have a **registered** domestic partner

Current Spouse or Registered Domestic Partner (Other Than Party 2):

Name: \_\_\_\_\_

Former spouse/domestic partner (if none – check this box ):

Deceased Date: \_\_\_\_\_ Where: \_\_\_\_\_

Divorce/Dissolution Date: \_\_\_\_\_ Where: \_\_\_\_\_

Children from current and/or former marriages and/or domestic partnerships

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**PARTY 2**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Former Last Name(s), if any \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License No. \_\_\_\_\_

I  am single  am married  have a **registered** domestic partner

Current Spouse or Registered Domestic Partner (Other Than Party 1):

Name: \_\_\_\_\_

Former spouse/domestic partner (if none – check this box ):

Deceased Date: \_\_\_\_\_ Where: \_\_\_\_\_

Divorce/Dissolution Date: \_\_\_\_\_ Where: \_\_\_\_\_

Children from current and/or former marriages and/or domestic partnerships

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Marriage or Domestic Partnership Between Parties 1 and 2**

Are Parties 1 and 2:  Married? Date \_\_\_\_\_  Registered Domestic Partners? Date: \_\_\_\_\_

**Party 1 – Occupations for the Last 10 Years (attach an additional page, if necessary)**

Present Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Present Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Party 1 – Residences for the Last 10 Years (attach additional page, if necessary)**

Number and Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Number and Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Party 2 – Occupations for the Last 10 Years (attach an additional page, if necessary)**

Present Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Present Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Party 2 – Residences for the Last 10 Years (attach additional page, if necessary) (if same as Party 1, write "same")**

Number and Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Number and Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have any of the above parties owned or operated a business?  No  Yes If yes, please list name(s): \_\_\_\_\_

I have never been adjudged, bankrupt nor are there any unsatisfied judgments or other matters pending against me which might affect my title to this property except as follows: \_\_\_\_\_

The undersigned declare under penalty of perjury that the above information is true and correct (all parties must sign)

Phone(s) # \_\_\_\_\_

Phone(s) # \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Party 1** Signature \_\_\_\_\_

Date \_\_\_\_\_

**Party 2** Signature \_\_\_\_\_

Date \_\_\_\_\_