



# OLD REPUBLIC TITLE COMPANY

## CONFIDENTIAL STATEMENT OF INFORMATION

This statement is to be signed personally by each party to the transaction and by both spouses, if married (Section 1 is to be completed by the husband, and Section 2 by the wife). This information is necessary because we have been asked to insure a transaction involving real property in which you are interested. In that regard, we may encounter judgments, bankruptcies, divorces and liens against persons with the same or similar name as yours.

Property Address of Transaction: \_\_\_\_\_ Number & Street \_\_\_\_\_ City, State & Zip \_\_\_\_\_ Order Number \_\_\_\_\_

Vacant Land: \_\_\_\_\_ Is any portion of the new loan to be used for improvements?  Yes  No  
Improvements:  Single Family  Multiple Residence  Commercial  
Is Property:  Owner Occupied  Tenant Occupied

1. Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle (if None, write None) \_\_\_\_\_ Last \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Have you ever been issued, or used, any other Social Security Number?  Yes  No If yes, what number did you use? \_\_\_\_\_

Status:  Single  Married\*  Divorced  Widow/Widower Mark One:  Male  Female

\*Married On: \_\_\_\_\_ (Date) At \_\_\_\_\_ (City, County, State)

\*If married, spouse's name \_\_\_\_\_ \*Spouse's name prior to marriage \_\_\_\_\_

\*Your name prior to marriage \_\_\_\_\_ State resident since (date) \_\_\_\_\_

### OCCUPATIONS LAST TEN YEARS

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ No. Years \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ No. Years \_\_\_\_\_

### RESIDENCES LAST TEN YEARS

Number and Street \_\_\_\_\_ City and State \_\_\_\_\_ From (date) \_\_\_\_\_ To (date) \_\_\_\_\_  Own  Rent

Number and Street \_\_\_\_\_ City and State \_\_\_\_\_ From (date) \_\_\_\_\_ To (date) \_\_\_\_\_  Own  Rent

### FORMER MARRIAGES

If no former marriage, write "none", otherwise complete the following:  
Name of former spouse: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

First and last name(s) of children from this marriage \_\_\_\_\_

Name of former spouse: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

First and last name(s) of children from this marriage \_\_\_\_\_

2. (Spouse's) Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle (if None, write None) \_\_\_\_\_ Last \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Have you ever been issued, or used, any other Social Security Number?  Yes  No If yes, what number did you use? \_\_\_\_\_

Status:  Single  Married\*  Divorced  Widow/Widower Mark One:  Male  Female

\*Married On: \_\_\_\_\_ (Date) At \_\_\_\_\_ (City, County, State)

\*If married, spouse's name \_\_\_\_\_ \*Spouse's name prior to marriage \_\_\_\_\_

\*Your name prior to marriage \_\_\_\_\_ State resident since (date) \_\_\_\_\_

### OCCUPATIONS LAST TEN YEARS

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ No. Years \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ No. Years \_\_\_\_\_

### RESIDENCES LAST TEN YEARS

Number and Street \_\_\_\_\_ City and State \_\_\_\_\_ From (date) \_\_\_\_\_ To (date) \_\_\_\_\_  Own  Rent

Number and Street \_\_\_\_\_ City and State \_\_\_\_\_ From (date) \_\_\_\_\_ To (date) \_\_\_\_\_  Own  Rent

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

First and last name(s) of children from this marriage \_\_\_\_\_

Name of former spouse: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

First and last name(s) of children from this marriage \_\_\_\_\_

I declare, under penalty of perjury, that the foregoing is true and correct.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_