

CONFIDENTIAL INFORMATION STATEMENT

Las Flores Escrow Inc.

Escrow No.:
Order No.:

In order to expedite the completion of your transaction, we are requesting that you complete the following "Statement of Information" form. We are not unnecessarily interested in your personal affairs, however, we have been asked to insure the title to real property in which you are interested and that requires a title search.

In searching your title, we may encounter judgments, bankruptcies, divorces and/or income tax liens against persons with the same or similar names to yours. Such matters cloud the title to your property, unless eliminated. The information you provide, and your spouse (if you are married) or domestic partner can promptly eliminate all matters not directly affecting you or the property being searched, avoid any delay in your transaction and provide you with the most efficient service possible.

Thank you for your cooperation in furnishing us with the necessary information and please be assured that your information is confidential and used only for the purpose, which we have stated.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Party 1</th> </tr> <tr> <td style="width: 33%; padding: 2px;">FIRST</td> <td style="width: 33%; padding: 2px;">MIDDLE</td> <td style="width: 33%; padding: 2px;">LAST</td> </tr> <tr> <td colspan="3" style="padding: 2px;">FORMER LAST NAME(S), IF ANY</td> </tr> <tr> <td style="padding: 2px;">BIRTHPLACE</td> <td colspan="2" style="padding: 2px;">BIRTH DATE</td> </tr> <tr> <td style="padding: 2px;">SOCIAL SECURITY NUMBER</td> <td colspan="2" style="padding: 2px;">DRIVER'S LICENSE NUMBER</td> </tr> <tr> <td colspan="3" style="padding: 2px;">I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER</td> </tr> <tr> <td colspan="3" style="padding: 2px;">NAME OF <u>CURRENT</u> SPOUSE OR DOMESTIC PARTNER <small>(if different from Party 2)</small></td> </tr> <tr> <td colspan="3" style="padding: 2px;">NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER <small>(IF NONE, WRITE "NONE")</small></td> </tr> <tr> <td colspan="3" style="padding: 2px;">DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 2px;">WHEN: _____</td> </tr> <tr> <td colspan="3" style="padding: 2px;">WHERE: _____</td> </tr> </table>	Party 1			FIRST	MIDDLE	LAST	FORMER LAST NAME(S), IF ANY			BIRTHPLACE	BIRTH DATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER			NAME OF <u>CURRENT</u> SPOUSE OR DOMESTIC PARTNER <small>(if different from Party 2)</small>			NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER <small>(IF NONE, WRITE "NONE")</small>			DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			WHEN: _____			WHERE: _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Party 2</th> </tr> <tr> <td style="width: 33%; padding: 2px;">FIRST</td> <td style="width: 33%; padding: 2px;">MIDDLE</td> <td style="width: 33%; padding: 2px;">LAST</td> </tr> <tr> <td colspan="3" style="padding: 2px;">FORMER LAST NAME(S), IF ANY</td> </tr> <tr> <td style="padding: 2px;">BIRTHPLACE</td> <td colspan="2" style="padding: 2px;">BIRTH DATE</td> </tr> <tr> <td style="padding: 2px;">SOCIAL SECURITY NUMBER</td> <td colspan="2" style="padding: 2px;">DRIVER'S LICENSE NUMBER</td> </tr> <tr> <td colspan="3" style="padding: 2px;">I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER</td> </tr> <tr> <td colspan="3" style="padding: 2px;">NAME OF <u>CURRENT</u> SPOUSE OR DOMESTIC PARTNER <small>(if different from Party 1)</small></td> </tr> <tr> <td colspan="3" style="padding: 2px;">NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER <small>(IF NONE, WRITE "NONE")</small></td> </tr> <tr> <td colspan="3" style="padding: 2px;">DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 2px;">WHEN: _____</td> </tr> <tr> <td colspan="3" style="padding: 2px;">WHERE: _____</td> </tr> </table>	Party 2			FIRST	MIDDLE	LAST	FORMER LAST NAME(S), IF ANY			BIRTHPLACE	BIRTH DATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER			NAME OF <u>CURRENT</u> SPOUSE OR DOMESTIC PARTNER <small>(if different from Party 1)</small>			NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER <small>(IF NONE, WRITE "NONE")</small>			DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			WHEN: _____			WHERE: _____		
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RESIDENCES LAST 10 YEARS				
Party One	Number and Street	City, State, Zip Code	From (Date)	To (Date)
	Number and Street	City, State, Zip Code	From (Date)	To (Date)
Party Two	Number and Street	City, State, Zip Code	From (Date)	To (Date)
	Number and Street	City, State, Zip Code	From (Date)	To (Date)

OCCUPATIONS LAST 10 YEARS				
Party One	Occupation	Firm Name	Address	No. Years
	Occupation	Firm Name	Address	No. Years
Party Two	Occupation	Firm Name	Address	No. Years
	Occupation	Firm Name	Address	No. Years

The Street Address of the Property in this Transaction is: _____

Party One

Signature: _____
 Date: _____
 Home Phone: _____
 Mobile Number: _____
 Business Phone: _____
 Fax Number: _____

Party Two

Signature: _____
 Date: _____
 Home Phone: _____
 Mobile Number: _____
 Business Phone: _____
 Fax Number: _____