

# CONFIDENTIAL INFORMATION STATEMENT

Starcrest 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.

Party 1	Party 2
FIRST                      MIDDLE                      LAST	FIRST                      MIDDLE                      LAST
FORMER LAST NAME(S), IF ANY	FORMER LAST NAME(S), IF ANY
BIRTHPLACE                      BIRTH DATE	BIRTHPLACE                      BIRTH DATE
SOCIAL SECURITY NUMBER                      DRIVER'S LICENSE NUMBER	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	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 (if different from Party 2)	NAME OF <u>CURRENT</u> SPOUSE OR DOMESTIC PARTNER (if different from Party 1)
NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")	NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")
DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
WHEN: _____	WHEN: _____
WHERE: _____	WHERE: _____

RESIDENCES LAST 10 YEARS				
<b>Party One</b>	Number and Street	City, State, Zip Code	From (Date)	To (Date)
	Number and Street	City, State, Zip Code	From (Date)	To (Date)
<b>Party Two</b>	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				
<b>Party One</b>	Occupation	Firm Name	Address	No. Years
	Occupation	Firm Name	Address	No. Years
<b>Party Two</b>	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: \_\_\_\_\_