

3454 East Florence Avenue, Suite A Huntington Park, CA 90255 Phone: 323-562-0812

Fax: 323-562-9179

This Statement is to be SIGNED PERSONALLY by each party to the transaction and by BOTH Married Persons or Domestic Partners, before a policy of title insurance can be written. This information is necessary because we have been asked to insure a title to real property in which you are interested. In searching your title we may encounter judgments, bankruptcies, divorces, and income tax liens

against persons with names similar to yours. We can quickly eliminate any such matters which otherwise cloud the title to this property if you will help us by COMPLETELY filling in the following statement.

(First Name)		(Full Middle Name)		(Last Name)	
(ID/Drivers License No.)		(Date of Birth)		(Social Security No.)	
☐ Single ☐ Married	☐ I have a Regis	tered Domestic Partner	☐ Widow	Sex: M	IALE □ FEMALE □
Full name of <u>Current</u> Spouse	or Registered Domestic	Partner:			
(First name)		(Full Middle Name)		(Last Name)	
(ID/Drivers License No.)		(Date of Birth)		(Social Security No.)	
If Married, Wife's maiden nar	ne:				
	RESID	ENCES DURING PAST	Γ 10 YEARS		
Number and Street	City	State	Fı	rom (Date)	To (Date)
Number and Street	City	State	Fı	rom (Date)	To (Date)
Number and Street	City	State	Fı	rom (Date)	To (Date)
Number and Street	City	State	F1	rom (Date)	To (Date)
	OCCUP	ATIONS DURING PAS	ST 10 YEARS		
Firm Name	Location	From (Da	te) To	o (Date)	
Firm Name Location	From (Date)	To (Date)			
Firm Name	Location	From (Da	te) To	o (Date)	
Firm Name	Location	From (Da	te) To	o (Date)	
Firm Name	Location	From (Da	te) To	o (Date)	
(if no forme	er marriage or marriages	, write "none") otherwise	complete the f	ollowing:	
Name of former Spouse or Do Deceased Divorce	om. Partner:				
Deceased Divorce	ced When _	Who	ere		
I have never been adjudged be title to this property EXCEPT		y unsatisfied judgments o	or other matters	pending again	st me which might affect
The street address of the prop	erty in this transaction is	:			
Home Phone:		Sions	nture		
Business Phone:					
Cell Phone:					
Date:		Signa	iture		