CONFIDENTIAL INFORMATION STATEMENT

Newhall Escrow Company

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	
FORME	R LAST NAME(S), IF ANY	,	FORMER LAST NAM	ME(S), IF ANY		
BIRTHPLACE BIRTH DATE			BIRTHPLACE	BIRTHPLACE BIRTH DATE		
SOCIAL	SECURITY NUMBER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY	NUMBER	DRIVER'S LICENSE NUMBER	
I AM SINGLE AM MARRIED HAVE A DOMESTIC PARTNER			I AM SINGLE AM MARRIED 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")			
DECEAS	SED DIVORCED]	DECEASED I	DIVORCED		
WHEN:		WHEN:	WHEN:			
WHERE			WHERE:			
		DECIDENCES	LAST 10 YEARS			
Party		RESIDENCES	LASI IU I LAKS			
One	Number and Street	City, State, Zip Code		From (Date	e) To (Date)	
	Number and Street	City, State, Zip Code		From (Date	re) To (Date)	
Party Two	Number and Street	City, State, Zip Code		From (Date	e) To (Date)	
	Number and Street	City, State, Zip Code		From (Date	e) To (Date)	
		OCCUPATION	S 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	
	reet Address of the Pro	perty				
Party	<u>One</u>		Party Two			
Signatu	ire:		Signature:			
Email::			Email:			
Home 1	Phone:		Home Phone:			
Mobile	Number:		Mobile Number:			
Busine	ss Phone:		Business Phone:			
Fax Nu	ımher:		Fax Number:			