

Proper completion of this form will help protect you by enabling our Underwriting Department/Title Department to eliminate title problems that may arise through similarity of your name with the name of another person against whom there may be judgments, tax liens or other matters affecting the Subject Property or your Ownership.

DATE: _____ ESCROW/FILE NO. _____ WEB FMS _____

Please Print FULL NAMES(S) Please Print
FIRST PARTY _____
FIRST NAME MIDDLE NAME (IF NONE, PLEASE STATE "NONE") LAST NAME
Married _____ at _____ Maiden/Original Name _____
DATE CITY & STATE

SECOND PARTY _____
FIRST NAME MIDDLE NAME (IF NONE, PLEASE STATE "NONE") LAST NAME
Married _____ at _____ Maiden/Original Name _____
DATE CITY & STATE

FIRST PARTY **SECOND PARTY**
Social Security No. _____
Date of Birth _____
Place of Birth _____
Present Home Telephone _____
Present Work Telephone _____

RESIDENCES DURING THE PAST TEN (10) YEARS

1) _____
Number & Street City & State From (Mo/Yr) To (Mo/Yr)
2) _____
Number & Street City & State From (Mo/Yr) To (Mo/Yr)
3) _____
Number & Street City & State From (Mo/Yr) To (Mo/Yr)
4) _____
Number & Street City & State From (Mo/Yr) To (Mo/Yr)

If additional space is needed, please use reverse of form.

EMPLOYERS DURING THE PAST TEN (10) YEARS

FIRST PARTY _____
Firm Name City & State From (Mo/Yr) To (Mo/Yr)
FIRST PARTY _____
Firm Name City & State From (Mo/Yr) To (Mo/Yr)
FIRST PARTY _____
Firm Name City & State From (Mo/Yr) To (Mo/Yr)
SECOND PARTY _____
Firm Name City & State From (Mo/Yr) To (Mo/Yr)
SECOND PARTY _____
Firm Name City & State From (Mo/Yr) To (Mo/Yr)
SECOND PARTY _____
Firm Name City & State From (Mo/Yr) To (Mo/Yr)

FORMER MARRIAGES (If none, please state "NONE")

FIRST PARTY (Full Name of Former Spouse) _____
OR _____ Dissolution/Divorce _____ at _____
Date City & State
_____ Death of Spouse _____ at _____
Date City & State
SECOND PARTY (Full Name of Former Spouse) _____
OR _____ Dissolution/Divorce _____ at _____
Date City & State
_____ Death of Spouse _____ at _____
Date City & State

Buyer OR Property Owner DOES or INTENDS TO reside on the Land: _____ YES _____ NO
The Land is CURRENTLY OCCUPIED by: _____ Property Owner _____ Tenant _____ Lessee
Improvements on Land: _____ Single Residence _____ Multiple-Greater than 4 Residence _____ Com'l _____ Vacant Land
Has there been any work done on the Land in the last 90 days? _____ Yes _____ No
Are the Homeowners Association dues current? _____ Yes _____ No _____ N/A
Will there be any changes, alterations or improvements to the Land prior to close of escrow? _____ YES _____ NO

First Party Signature Second Party Signature