

**STEWART TITLE GUARANTY COMPANY  
STATEMENT OF INFORMATION**

**CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH ORDER NO:** \_\_\_\_\_

*NOTE: THIS FORM IS NEEDED IN ORDER TO ELIMINATE JUDGMENTS AND LIENS AGAINST PEOPLE WITH SIMILAR NAMES*

**THE STREET ADDRESS of the property in this transaction is:** (IF NONE LEAVE BLANK)  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

- IMPROVEMENTS:  SINGLE RESIDENCE  MULTIPLE RESIDENCE  COMMERCIAL
- OCCUPIED BY:  OWNER  TENANTS
- ANY CONSTRUCTION OR IMPROVEMENTS WITHIN THE LAST 6 MONTHS?  YES  NO
- IF YES, STATE NATURE WORK DONE: \_\_\_\_\_

<b>PARTY 1</b>			<b>PARTY 2</b>		
_____ 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 NO. _____	SOCIAL SECURITY NUMBER _____		DRIVER'S LICENSE NO. _____
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 DOM. PARTNER (if other than Party 2): _____			NAME OF <u>CURRENT</u> SPOUSE OR DOM. PARTNER (if other than Party 1): _____		
NAME OF <u>FORMER</u> SPOUSE/DOM. PARTNER: (IF NONE, WRITE "NONE"): _____			NAME OF <u>FORMER</u> SPOUSE/DOM. PARTNER: (IF NONE, WRITE "NONE"): _____		

**MARRIAGE OR DOMESTIC PARTNERSHIP BETWEEN PARTIES 1 AND 2**

ARE PARTIES 1 & 2: MARRIED? \_\_\_\_\_ DOMESTIC PARTNERS? \_\_\_\_\_ DATE OF MARRIAGE/DOM. PARTNERSHIP: \_\_\_\_\_

**PARTY 1 - OCCUPATIONS FOR LAST 10 YEARS**

PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS
_____ PRIOR OCCUPATION	_____ FIRM NAME	_____ ADDRESS	_____ NO. OF YEARS

**PARTY 1 - RESIDENCES FOR LAST 10 YEARS**

NUMBER AND STREET	CITY and STATE	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____

**PARTY 2 - OCCUPATIONS FOR LAST 10 YEARS**

PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. OF YEARS
_____ PRIOR OCCUPATION	_____ FIRM NAME	_____ ADDRESS	_____ NO. OF YEARS

**PARTY 2 - RESIDENCES FOR LAST 10 YEARS (If same as Party 1, write "same")**

NUMBER AND STREET	CITY and STATE	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____

DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

SIGNATURES \_\_\_\_\_