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Please contact us at (800)481-2708 or <a href="www.mortcare.com">www.mortcare.com</a> for a list of mergeable documents.

## STATEMENT OF INFORMATION CONFIDENTIAL INFORMATION FOR YOUR PROTECTION

Completion of this statement expedites your application for title Insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the suse of fraudulent or forged documents. Complete all blanks (please print) or indicate "none" or "N/A". If more space is needed for any item(s), use the reverse side of the form. Each party (and spouse, if applicable) to the transaction should personally sign this form.

## NAME AND PERSONAL INFORMATION

|                                   |                                       |                              | Date of Birth         |
|-----------------------------------|---------------------------------------|------------------------------|-----------------------|
| First Name                        | Middle/Maiden Name                    | Last name                    |                       |
| Home Phone                        | (if none, indicate)<br>Business Phone | Birth Place                  |                       |
|                                   |                                       |                              |                       |
| List any other name you have us   | ed or been known by                   |                              |                       |
| State of Residence                | Da                                    | te Residence began           |                       |
| Are you currently married?        | If yes, complete the                  | following information:       |                       |
|                                   |                                       |                              |                       |
| Spouse: First Name                |                                       |                              | Date of Birth         |
| 2                                 | Middle/Maiden Nam (if none, indicate) |                              |                       |
| Home Phone                        | Business Phone                        | Birth Place                  |                       |
| Social Security No                | Dr                                    | iver's License No            |                       |
|                                   | ed or been known by                   |                              |                       |
| State of Residence                | Da                                    | te Residence began           |                       |
|                                   | RESIDENCES                            | (LAST 10 YEARS)              |                       |
| Number & Street                   | City                                  |                              | From (date) to (date) |
| Number & Street                   | City                                  |                              | From (date) to (date) |
| Number & Street                   | City                                  |                              | From (date) to (date) |
|                                   | OCCUPATIONS/BUSIN                     | NESSES (LAST 10 YEARS)       |                       |
| Firm or Business name             | Address                               |                              | From (date) to (date) |
| Firm or Business name             | Address                               |                              | From (date) to (date) |
| Firm or Business name             | Address                               |                              | From (date) to (date) |
|                                   | SPOUSE'S OCCUPATIONS/                 | BUSINESSES (LAST 10 YEA      | ARS)                  |
| Firm or Business name             | Address                               |                              | From (date) to (date) |
| Firm or Business name             | Address                               |                              | From (date) to (date) |
| Firm or Business name             | Address                               |                              | From (date) to (date) |
|                                   | PRIOR M                               | ARRIAGE(S)                   |                       |
| Any prior marriages for either sp | pouse?If y                            | ves, complete the following: |                       |
| Prior spouse's name:              |                                       | Prior spouse of Husband      |                       |
| Marriage terminated by: Death_    | Divorce                               | Date of termination          |                       |
| Prior spouse's name:              |                                       | Prior spouse of Husband      | Wife                  |
| Marriage terminated by: Deatn_    |                                       |                              |                       |
|                                   | INFORMATION AB                        | SOUT THE PROPERTY            |                       |
| Street Address of Property in thi | is transaction:                       |                              |                       |
| Any construction on this propert  | ty pending or contemplated?           | yes                          | no                    |
| Any current loans on property?    | If ye                                 | es, complete the following:  |                       |
| Lender                            | Loan Amount_                          |                              | Loan Date             |
| Lender                            | Loan Amount_                          |                              | Loan Date             |

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.