

CONFIDENTIAL INFORMATION STATEMENT

Grossmont Escrow Co. || 7870 El Cajon Boulevard || La Mesa, CA 91942 || 619.469.2181

In order to expedite the completion of your transaction, we are requesting that you complete the following "Statement of Information" form.

Party 1 <hr/> FIRST MIDDLE LAST <hr/> FORMER LAST NAME(S), IF ANY <hr/> SOCIAL SECURITY NUMBER BIRTH DATE <hr/> BIRTHPLACE DRIVER'S LICENSE NUMBER I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER <hr/> NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER (if different from Party 2) <hr/> NAME OF FORMER SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")	Party 2 <hr/> FIRST MIDDLE LAST <hr/> FORMER LAST NAME(S), IF ANY <hr/> SOCIAL SECURITY NUMBER BIRTH DATE <hr/> BIRTHPLACE DRIVER'S LICENSE NUMBER I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER <hr/> NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER (if different from Party 1) <hr/> NAME OF FORMER SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")
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RESIDENCES LAST 10 YEARS			
Party One	_____ Number and Street City, State, Zip Code	_____ From (Date)	_____ To (Date)
	_____ Number and Street City, State, Zip Code	_____ From (Date)	_____ To (Date)
Party Two	_____ Number and Street City, State, Zip Code	_____ From (Date)	_____ To (Date)
	_____ Number and Street City, State, Zip Code	_____ From (Date)	_____ To (Date)

OCCUPATIONS 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

The undersigned declare under penalty of perjury that the above information is true and correct.

Party One

Party Two

Signature: _____

Signature: _____

Date: _____

Date: _____

Home Phone: _____

Home Phone: _____

Mobile Number: _____

Mobile Number: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____