STATEMENT OF INFORMATION

(For confidential use by the Title Company in searching the records in connection with the file number shown below.)

Property Address:			File No.:
	not unnecessarily interested	we are requesting that you complete the din your personal affairs, however, we at requires a title search.	
same or similar names to you and your spouse if you are	ours. Such matters cloud the married, can promptly elimi	ankruptcies, divorces and/or income tax ne title to your property unless eliminate nate all matters not directly affecting your vide you with the most efficient service p	ed. The information you provide, bu or the property being
	ation in furnishing us with th for the purpose which we ha	e necessary information and please be ave stated.	·
Name: First	Middle – if none, indicate	Last	US Resident since Year
Have you ever been known b			
Social Security No Date of Birth		Driver License No	
——————————————————————————————————————		Location of Birth	
Spouse or Domestic Partner's N	lame: First Midd	dle – if none, indicate Last	US Residence since Year
·	arrie. First ivildo		
Social Security No Date of Birth			
	Na	Location of Birth	
Have you ever been known b	by any other name? No	Yes If yes, indicate name	
If married or in a domestic pa	artnership,	at	
·		Date	City and State
	DECIDENCES I 4	OT 40 VEADO (III - III -	
	RESIDENCES LA	AST 10 YEARS (list most recent first)	
Number and Street	Cit	y, State, Zip Code	From/To (Date)
Number and Street	Cit	y, State, Zip Code	From/To (Date)
Number and Street		y, State, Zip Code	From/To (Date)
		additional page, if necessary) OCCUPATIONS	
	•	DCCOPATIONS	
Occupation	Co. Name	Address, City, State Zip	No. Yr's/Mo's
Spouse or Domestic Partner's Occupation	Co. Name	Address, City, State Zip	No. Yr's/Mo's
	BUSINESS OWNED	OR PARTNERSHIP AFFILIATIO	NS
Tax ID No.	Firm/Partnership Name	Address, City, State Zip	No. Yr's/Mo's
Tax ID No.	Firm/Partnership Name	Address, City, State Zip	No. Yr's/Mo's
	(attach a	dditional page if necessary)	

File No: TEST-0925 (CR)

FORMER I	MARRIAGE(S) – OR I	DOMESTIC	PARTNERSHI	P(S)
Please complete the following:	OR If no former m	narriages or do	mestic partnership	os, write "NONE"
Name of former husband or domestic par	rtner			
Deceased Divorced	Date:		Where:	
Name of former wife or domestic partner	<u> </u>			State
Deceased Divorced	Date:		Where:	
	(attach additional pa	ge if necessary)	 -	State
	CHILD			
	5			
Name	Date of Birth	Name		Date of Birth
Name.	Date of Birth	Name		Date of Birth
	(attach additional pa	ge, if necessary)	1	
Have you ever owned a boat, airplane or any licensed vehicle (other than a car)?			No License Numbe	Yes
If Yes, describe vehicle: Have you ever filed bankruptcy?			No [Yes
If Yes, where County		State	<u> </u>	
Is any portion of the new loan funds to be	used for construction?		□ No □	Yes
***********	***********		*****	
II	NFORMATION ABOU	JT THE PRO	PERTY	
Buyer intends to reside on the proper	rty in this transaction	Yes	☐ No	
0	wner to complete t	he followin	ng items	
Street address of Property in this transac	tion: 515 Palm Street. S	an Jose CA 95	5136	
The land is unimproved; or improved				Condoother
Improvements, remodeling or repairs to	this property have been ma	ade within the p	past six months:	Yes No
If yes, have all the costs for labor and ma	aterials arising in connectio	n therewith be	en paid in full?	Yes No
Any current loans on property?	_ If yes, complete the follow	wing:		
Lender	Loan Amount			t No
Lender *******************************				
I DECLARE UNDER PENALTY OF PER				
		Spouse or		
		Domestic Partner's		
Signature:		Signature:	$\sqrt{}$	
			Spouse o	
			Partner's	,
Home Phone	Bus Phone		Bus Phone	
	I HOUG	Spouse or	1110116	
		Domestic Partner's		Spouse or Domestic
Cell		Cell		Partner's
Phone Email		Phone _		Email