

# CONFIDENTIAL INFORMATION STATEMENT

**Pathway Escrow, Inc.**

Escrow No.:

Order No.:

In order to expedite the completion of your transaction, we are requesting that you complete the following "Statement of Information" form. We are not unnecessarily interested in your personal affairs, however, we have been asked to insure the title to real property in which you are interested and that requires a title search.

**PARTY 1**

**PARTY 2**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">FIRST</td> <td style="width: 33%;">MIDDLE</td> <td style="width: 33%;">LAST</td> </tr> <tr> <td colspan="3">FORMER LAST NAME(S), IF ANY</td> </tr> <tr> <td>BIRTH PLACE</td> <td colspan="2">BIRTH DATE</td> </tr> <tr> <td>SOCIAL SECURITY NUMBER</td> <td colspan="2">DRIVER'S LICENSE NUMBER</td> </tr> <tr> <td colspan="3">                     I <input type="checkbox"/> AM SINGLE    <input type="checkbox"/> AM MARRIED    <input type="checkbox"/> HAVE A DOMESTIC PARTNER                 </td> </tr> <tr> <td colspan="3">NAME OF <u>CURRENT</u> SPOUSE OR DOMESTIC PARTNER (if different from Party 2)</td> </tr> <tr> <td colspan="3">NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")</td> </tr> </table>	FIRST	MIDDLE	LAST	FORMER LAST NAME(S), IF ANY			BIRTH PLACE	BIRTH DATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		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 DOMESTIC PARTNER (if different from Party 2)			NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">FIRST</td> <td style="width: 33%;">MIDDLE</td> <td style="width: 33%;">LAST</td> </tr> <tr> <td colspan="3">FORMER LAST NAME(S), IF ANY</td> </tr> <tr> <td>BIRTH PLACE</td> <td colspan="2">BIRTH DATE</td> </tr> <tr> <td>SOCIAL SECURITY NUMBER</td> <td colspan="2">DRIVER'S LICENSE NUMBER</td> </tr> <tr> <td colspan="3">                     I <input type="checkbox"/> AM SINGLE    <input type="checkbox"/> AM MARRIED    <input type="checkbox"/> HAVE A DOMESTIC PARTNER                 </td> </tr> <tr> <td colspan="3">NAME OF <u>CURRENT</u> SPOUSE OR DOMESTIC PARTNER (if different from Party 1)</td> </tr> <tr> <td colspan="3">NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")</td> </tr> </table>	FIRST	MIDDLE	LAST	FORMER LAST NAME(S), IF ANY			BIRTH PLACE	BIRTH DATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		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 DOMESTIC PARTNER (if different from Party 1)			NAME OF <u>FORMER</u> SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")		
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**RESIDENCES LAST 10 YEARS**

<b>Party One</b>	Number and Street	City, State, Zip Code	From (Date)	To (Date)
	Number and Street	City, State, Zip Code	From (Date)	To (Date)
<b>Party Two</b>	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**

<b>Party One</b>	Occupation	Firm Name	Address	No. Years
	Occupation	Firm Name	Address	No. Years
<b>Party Two</b>	Occupation	Firm Name	Address	No. Years
	Occupation	Firm Name	Address	No. Years

**Party One**

**Party Two**

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_