STATEMENT OF IDENTITY CONFIDENTIAL INFORMATION STATEMENT

Escrow No.: 0197497-16

Name:

IMPORTANT: The **CONFIDENTIAL** information in this form will assist Chicago Title Company of Washington in determining whether certain matters, such as judgments or tax liens, affect the title under consideration, or whether they relate to person with similar names. It will also help protect against forgeries and otherwise expedite completion of the title order. It must be completed thoroughly and signed by both spouses/Registered Domestic Partners before title insurance can be issued. Show additional information on reverse side. PLEASE PRINT CLEARLY.

	Fi	ull middle name (or "NONE")		Last		(Jr/	(Jr/Sr/III, etc.)	
		the Last 30 Years:						
					Home Phone:			
Social Security N	0.:			Date of Birth:				
Email:								
Full Name of □	Spouse □ R	egistered Domestic	Partner _			("NIONIE")		(1.10.1111.1.)
Spouse/Registere	ed Domestic	Partner Birthnlace:		First		ne (or "NONE")		(Jr/Sr/III, etc.)
Spouse/Registered Domestic Partner Birthplace: Spouse/Registered Domestic Partner Social Security								
		the Last 30 Years:	-				J	
Married/Became	Registered D	omestic Partners o	n:		at			
***********************************			*****	Date *******	******	City	******	State
		RESIDENC	E(S) DURII	NG PRECEDIN	G 10 YEARS - S	HOW ALL		
☐ Undersigned	☐ Spouse/	Registered Domest	ic Partner _					
☐ Undersigned	☐ Spouse/	Registered Domest	ic Partner _					
☐ Undersigned	☐ Spouse/	Registered Domest	ic Partner _					
☐ Undersigned	☐ Spouse/	Registered Domest	ic Partner _			City and State		
******	*****	******	*****	Apt/House No.	and Street *******	City and State	From	n: Date To: Date
Case No. & Court	*****	Plaintiff		Defendant		Date of Judgment	****	Amount
					NG 10 YEARS -			
☐ Undersigned	☐ Spouse/	Registered Domest	ic Partner _					
☐ Undersigned	☐ Spouse/Registered Domestic Partner							
☐ Undersigned	☐ Spouse/Registered Domestic Partner							
☐ Undersigned	☐ Spouse/Registered Domestic Partner							
******	******	******	*******	Occupation	Firm Name	Address	City	No. of Years
						h Parties, if any: (
Name of Former	☐ Spouse	☐ Registered Dor	nestic Partr	ner:		Maiden Name: _		
Terminated by:	☐ Death	☐ Divorce/Dissolu	ution 🗆 C	Other	Date	Where		
Name of Former	□ Spouse	☐ Registered Dor	nestic Partr	ner [.]		Maiden Name: _	City/Sta	
Terminated by:	□ Death	☐ Divorce/Dissolu				Where		
·					Date	********	City/Sta	te
						(IF so: Type		
						nant/lessee:		
		w loan proceeds wi						,
There are no un including bankro	nsatisfied ju uptcies or di knowledge	dgments, state of ssolution or name	r federal ta e change p	ax liens or wa	rrants against cept as shown	me/us, nor any p above. This state R, BOTH SPOUSE	ment is tru	e and correct to
IN WITNESS W	/HEREOF, 1	the undersigned I	nave execu	uted this docu	ment on the da	ite(s) set forth bel	ow.	
Amy E Fallin					Date			