IDENTITY FRAUD PREVENTION AFFIDAVIT

My full legal name is					
(or corporate, partnership, etc.)	(First)	(Middl	le)	(Last)	(Jr., Sr., III)
My date of birth is					
(or date of incorporation, if applicable)		(Month / Day	y / Year)		
My social security number is (or date of incorporation, if applicable)					
My driver's license or identification card state and number are					
I swear under oath that the information I have provided in this affidavit is true and correct to the best of my knowledge. I consent to the transfer of the information contained in this affidavit for the sole purposes of verifying my identity and preventing fraud, and understanding that this information will not be used or re-transferred to any other party for any other purpose.					
WITNESS THE HAND AND SEAL OF THE UNDERSIGNED:					
(Borrower)			Date		
STATE OF					
On day of county, personally appeared signer(s) or witness(es) to the above-refe	,				, Notary Public in and for said ctorily identified him/her/themselves as the
signer(s) or writess(es) to the above-rei		ument.			
Notary Public Signature					
My Commission Expires:					
Settlement Agent signs below to acknow closing instructions.	ledge that h	e/she/it has ver	rified the i	dentify of th	e foregoing borrower, according to the lender's
			Iconic T	tle Agency	LLC

By:_____