STATEMENT OF PERSONAL INFORMATION – BORROWER

(For confidential use by Iconic Title Agency LLC​​in connection with a request for a policy of title insurance.)

|  |  |  |  |
| --- | --- | --- | --- |
| Property Address: |  | Order No.: | ITA- |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| FULL NAME: | ​​ | | | | | | | |
| First Name, Full Middle Name (if none, so indicate), Last Name/MAIDEN NAME | | | | | | | | |
|  | | | | | | | | |
| ALTERNATE NAME (IF APPLICABLE): | | | ​​ | | | | | |
|  | | | | | | | | |
| BIRTHPLACE: | ​​ | | | | DATE OF BIRTH: | ​​ | | |
|  | | | | | | | | |
| WORK PHONE #: | ​​ | | | | HOME PHONE #: | | | ​​ |
|  |  | | | |  | | |  |
| SOCIAL SECURITY #: | ​​ | | | | DRIVER LICENSE NO.: | | | ​​ |
|  | | | | | | | | |
| **Complete the following information if you are currently married or in a registered domestic partnership:** | | | | | | | | |
|  | | | | | | | | |
| DATE AND PLACE OF MARRIAGE: | | ​​ | | | | | | |
|  | | | | | | | | |
| SPOUSE’S FULL NAME: | ​​ | | | | | | | |
|  | | | | | | | | |
| ALTERNATE NAME (IF APPLICABLE): | | | ​​ | | | | | |
|  | | | | | | | | |
| BIRTHPLACE: | ​​ | | | DATE OF BIRTH: | | | ​​ | |
|  |  | | |  | | |  | |
| SOCIAL SECURITY #: | ​​ | | | DRIVER LICENSE NO.: | | | ​​ | |
|  | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **RESIDENCES (LAST 10 YEARS):** | | |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |
| **OCCUPATIONS (LAST 10 YEARS):** | | |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

|  |  |  |
| --- | --- | --- |
| **SPOUSE’S/DOMESTIC PARTNER’S OCCUPATIONS/BUSINESSES (LAST 10 YEARS):** | | |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORMER MARRIAGES/DOMESTIC PARTNERSHIPS(S):** | | | | | | |
|  | | |  |  | | |
| Name of Former Spouse | | ​​ |  | Name of Former Spouse | | ​​ |
|  | | |  |  | | |
| Deceased date | ​​ | |  | Deceased date | ​​ | |
|  | | |  |  | | |
| Divorced date | ​​ | |  | Divorced date | ​​ | |
| (if more space is required, use reverse side of this form) | | | | | | |

|  |  |
| --- | --- |
| **CHILDREN:** | |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
| (if more space is required, use reverse side of this form) | |

**INFORMATION ABOUT THE PROPERTY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buyer intends to reside on the property in this transaction: | ​​ | Yes | ​​ | No |

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​​

STATEMENT OF PERSONAL INFORMATION – BORROWER

(For confidential use by Iconic Title Agency LLC​​in connection with a request for a policy of title insurance.)

|  |  |  |  |
| --- | --- | --- | --- |
| Property Address: |  | Order No.: | ITA- |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| FULL NAME: | ​​ | | | | | | | |
| First Name, Full Middle Name (if none, so indicate), Last Name/MAIDEN NAME | | | | | | | | |
|  | | | | | | | | |
| ALTERNATE NAME (IF APPLICABLE): | | | ​​ | | | | | |
|  | | | | | | | | |
| BIRTHPLACE: | ​​ | | | | DATE OF BIRTH: | ​​ | | |
|  | | | | | | | | |
| WORK PHONE #: | ​​ | | | | HOME PHONE #: | | | ​​ |
|  |  | | | |  | | |  |
| SOCIAL SECURITY #: | ​​ | | | | DRIVER LICENSE NO.: | | | ​​ |
|  | | | | | | | | |
| **Complete the following information if you are currently married or in a registered domestic partnership:** | | | | | | | | |
|  | | | | | | | | |
| DATE AND PLACE OF MARRIAGE: | | ​​ | | | | | | |
|  | | | | | | | | |
| SPOUSE’S FULL NAME: | ​​ | | | | | | | |
|  | | | | | | | | |
| ALTERNATE NAME (IF APPLICABLE): | | | ​​ | | | | | |
|  | | | | | | | | |
| BIRTHPLACE: | ​​ | | | DATE OF BIRTH: | | | ​​ | |
|  |  | | |  | | |  | |
| SOCIAL SECURITY #: | ​​ | | | DRIVER LICENSE NO.: | | | ​​ | |
|  | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **RESIDENCES (LAST 10 YEARS):** | | |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Number and Street | City, State | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |
| **OCCUPATIONS (LAST 10 YEARS):** | | |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

|  |  |  |
| --- | --- | --- |
| **SPOUSE’S/DOMESTIC PARTNER’S OCCUPATIONS/BUSINESSES (LAST 10 YEARS):** | | |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
| ​​ | ​​ | ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORMER MARRIAGES/DOMESTIC PARTNERSHIPS(S):** | | | | | | |
|  | | |  |  | | |
| Name of Former Spouse | | ​​ |  | Name of Former Spouse | | ​​ |
|  | | |  |  | | |
| Deceased date | ​​ | |  | Deceased date | ​​ | |
|  | | |  |  | | |
| Divorced date | ​​ | |  | Divorced date | ​​ | |
| (if more space is required, use reverse side of this form) | | | | | | |

|  |  |
| --- | --- |
| **CHILDREN:** | |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
|  |  |
| ​​ | ​​ |
| Name | Date of Birth |
| (if more space is required, use reverse side of this form) | |

**INFORMATION ABOUT THE PROPERTY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buyer intends to reside on the property in this transaction: | ​​ | Yes | ​​ | No |

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​​