
CONFIDENTIAL INFORMATION STATEMENT

CHICAGO TITLE INSURANCE COMPANY ORDER FILE NUMBER: _____

Name _____ Date of Birth _____
First Full Middle Last

Birthplace _____ Business Phone _____ Home Phone _____

Lived in Washington State since _____ Social Security Number: _____

Full Name of Wife/Husband _____

She/He has lived in Washington State since _____
First Full Middle Last

Her/His Birthplace _____ Her/His Date of Birth _____

Her/His Social Security Number: _____ Wife's Maiden Name: _____

We Were Married on _____ at _____
State Date City

RESIDENCE DURING PRECEDING 10 YEARS

(House Number and Street)
Date)

(City and State)

(From Date to

Occupations:	Occupation	Firm Name	Address/City
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Husband's: _____

Wife's: _____

Former Marriage(s): (if no former marriages, write "none")

Name of Former Spouse: _____

Deceased _____ Divorced _____ Where _____
Date Date City/State

There are no unsatisfied judgments, state tax warrants, or internal revenue liens against me. This statement is true and correct to the best of my knowledge.

Dated: _____

AFFIANT