

Statement of Identity

CONFIDENTIAL INFORMATION relative to _____ requested by **RAINIER TITLE** in searching the records with its Order Number: _____

This statement must be signed personally by both spouses/domestic partners (if applicable) before a Policy of Title Insurance can be written.

A WORD OF EXPLANATION:

We have been requested to insure real property in which you have an interest. We don't want you to think we are unnecessarily prying into your personal affairs, because we are not. If you will complete this form, it will help us expedite the closing of this transaction. In searching your title, we often find judgments, divorces, tax liens and bankruptcies against persons with names similar to yours. These matters cloud the title to your property, unless eliminated by information showing you are not the person involved in these difficulties. This is why we need to know something about you and your spouse/domestic partner. This will allow us to properly ignore matters that do not affect you or the property being searched. Filling out this form will help protect you and will speed the completion of your transaction. Thank you for your cooperation.

FULL NAME:

 FIRST MIDDLE (IF NONE PLEASE INDICATE) LAST

Year of Birth _____ Birthplace: _____ SSN # XXX-XX-____

**FULL NAME:
 (Spouse/Domestic Partner)**

 FIRST MIDDLE (IF NONE PLEASE INDICATE) LAST

Year of Birth _____ Birthplace: _____ SSN # XXX-XX-____

When married or registered as domestic partners? _____

Where married/registered? _____

Have you been divorced or had a registered domestic partnership terminated? Yes No

If yes, enter former name of spouse(s)/domestic partner(s) below:

Name(s) _____
 Name(s) _____

When divorced or domestic partnership terminated? _____

Where Divorced or domestic partnership terminated? _____

Names and ages of children, if any? _____

Have you ever been known by any other name? _____

RESIDENCE (During past 10 years)	(Party 1)		Length of Residence
_____	_____	_____	_____
_____	_____	_____	_____
Number and Street	City	From	To

RESIDENCE (During past 10 years)	(Party 2)		Length of Residence
_____	_____	_____	_____
_____	_____	_____	_____
Number and Street	City	From	To

Have you ever filed for bankruptcy? Yes No

OCCUPATION (During last 10 years) (Party 1)			
_____	_____	_____	_____
_____	_____	_____	_____
Position	Name of Firm	Location (City)	From (Date)/To (Date)

(Party 2)			
_____	_____	_____	_____
_____	_____	_____	_____
Position	Name of Firm	Location (City)	From (Date)/To (Date)

The records of said County show various matters against persons having names similar to affiants; the affiants hereby state that there are no unsatisfied judgments, State Tax, Warrants or Internal Revenue Tax Liens against said affiants, EXCEPT:

<u>Case Number and Court</u>	<u>Plaintiff</u>	<u>Defendant</u>	<u>Date of Judgment</u>	<u>Amount</u>
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MY SIGNATURE can be verified by: _____
(Give name of Bank (Branch or Department) or employer, where signature has been known for at least two years). **Authority to verify is hereby given.**

I have never been adjudged bankrupt, nor are there any unsatisfied judgments or other matters pending against me which might affect my title to this property except as follows: _____

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

Signature: _____ **Dated:** _____

Signature: _____ **Dated:** _____