		STATEMENT	OF INFORMATIO	N		
			ral Index Search	<u> </u>		
J L	Prepared by: A	Agent Broker	Phone Email			
TE:	, 20,	at			Califorr	
	r unchecked are no					
		v the Title Company in s	searching the record	ls in connection	with	
(first na	ame)	(full middle name – if no	one, indicate)	(last name	)	
Birthplace			Year o	of Birth		
I have	lived continuously	in the United States of Ame	rica since			
	omplete the follo					
Full name of v	wife/husband	(first name) (full midd	le name _ if none indicat	(last nan	20)	
Birthplace			Year of	f Birth	10)	
		ously in the United States o				
		-				
		(date)				
Wife's	maiden name					
(my social security number) (my husb			(my husband's/wife's soc	cial security number)		
(my drivers license number)		(my husband's/wife's drivers license number)				
Have y	ou ever used or b	een known by any other nam	ne(s)?			
-			.,			
RESIDENCES						
(number and st	troot)	(city)	(fr.	om – date) (to	– date)	
(number and st	ileelj	(Chy)	(//(		– ualej	
(number and st	treet)	(city)	(fro	rom – date) (to	– date)	
OCCUPATIO	NS:					
(Husband's) _	/ <b>C</b>					
	(firm name)	(dates)	(ad	ldress)		
-	(firm name)	(dates)	(ad	ldress)		
(Wife's) _	(6	(-1-4)				
	(firm name)	(dates)	(ad	ldress)		
-	(firm name)	(dates)	(ad	ldress)		
	(If more spa	ace is needed, use the space	e provided on page t	wo)		
BUSINESS O	WNED:					
(firm name)		(dates)	(address)	(tax I.D. No	<i>.)</i>	
(firm name)		(dates)	(address)	(tax I.D. No	) )	
. ,	IIP AFFILIATES:	· /		,	,	
		(datas)	(addraga)	Hav ID Ma	)	
(name)		(dates)	(address)	(tax I.D. No.	)	

(name)	(dates)	(address)	(tax I.D. No.)
	PAGE ONE OF TWO _ FO	RM 401-4 — — — — — — — —	

6.		R MARRIAGE(S)		′0 OF TWO — FORM 401-4 — — — — — — — — — — — — — — — — — — —		
	(If no former marriages, write "None" Name of former wife			Otherwise, please complete the follow		
	Deceased	Divorced	When	Where		
	Name of forme	er husband				
				Where		
		(If more spa	ice is needed, us	se the space provided provided below)		
	Judgments and	d liens against p	arties or entities li	isted are as follows:		
_				(If none, write "None")		
7.	Street address of the property in this transaction: _			(indicate street, avenue or drive) (city)		
	Property impro	ovements: 🗌 Sin	ale familv residen	$\square$ Multiple family residence $\square$ Commercial		
	Occupied by:	Ow				
				r construction:		
8.						
υ.						
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	<u> </u>					
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	eclare under p	enalty of periur	y that the forego	ing is		
	le and correct		y that the fologo			
	See attached Si	anature Page Ar	dendum. [ft Form 2	2511		
	See allached Si	ghature Fage At				
Da	ate:	, 20		Date:, 20		
Βι	isiness phone:			Client:		
				Signature:		
Si	gnature:			Client:		
1						
Si	gnature:			Signature:		
01		rried, both husbar	d and wife should s			
EC	ORM 401-4	0^	3-11 2011 <b>fi</b>	irst tuesday, P.O. BOX 20069, RIVERSIDE, CA 92516 (800) 794		