

STATEMENT OF INFORMATION

(For confidential use by the Title Company in searching the records in connection with the file number shown below.)

Property **633 Triest Court,, 617 Triest Court,, 613 Triest Court
Las Vegas, NV 89110**

File No.:

In order to expedite the completion of your transaction we are requesting that you complete the following "Statement of Information" form. We are not unnecessarily interested in your personal affairs, however, we have been asked to insure the title to real property in which you are interested and that requires a title search.

In searching your title we may encounter judgments, bankruptcies, divorces and/or income tax liens against persons with the same or similar names to yours. Such matters cloud the title to your property unless eliminated. The information you provide, and your spouse if you are married, can promptly eliminate all matters not directly affecting you or the property being searched, avoid any delay in your transaction and provide you with the most efficient service possible.

Thank you for your cooperation in furnishing us with the necessary information and please be assured that your information is confidential and used only for the purpose which we have stated.

Name:	First	Middle – if none, indicate	Last	Residence since	Year
Have you ever been known by any other	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, indicate
Social Security No		Driver License No		Date of	
Spouse's Name:	First	Middle – if none, indicate	Last	Residence since	Year
Social Security No		Driver License No		Date of	
Have you ever been known by any other	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, indicate
If married,		at			
	Date		City and State		

RESIDENCES LAST 10 YEARS (list most recent first)

Number and Street	City, State, Zip Code	From/To (Date)
Number and Street	City, State, Zip Code	From/To (Date)
(attach additional page, if necessary)		

OCCUPATIONS

Occupation	Co. Name	Address, City, State Zip	No. Yr's/Mo's
Spouse's Occupation	Co. Name	Address, City, State Zip	No. Yr's/Mo's

BUSINESS OWNED OR PARTNERSHIP AFFILIATIONS

Tax ID No.	Firm/Partnership Name	Address, City, State Zip	No. Yr's/Mo's
Tax ID No.	Firm/Partnership Name	Address, City, State Zip	No. Yr's/Mo's
(attach additional page, if necessary)			

FORMER MARRIAGE(S)

Please complete the following: **OR** If no former marriages, write "NONE" _____

Name of former wife _____
Deceased Divorced Date: _____ Where: _____
State _____

Name of former husband _____
Deceased Divorced Date: _____ Where: _____
State _____

(attach additional page, if necessary)

CHILDREN

Name _____ Date of Birth _____ Name _____ Date of Birth _____
Name _____ Date of Birth _____ Name _____ Date of Birth _____

(attach additional page, if necessary)

Have you ever owned a boat, airplane or any licensed vehicle (other than a car)? No Yes
If Yes, describe vehicle: _____ License Number _____
Have you ever filed bankruptcy? No Yes
If Yes, where County _____ State _____
Is any portion of the new loan funds to be used for construction? No Yes

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

Signature: _____ Spouse's Signature: _____
Home Phone _____ Bus Phone _____ Spouse's Bus Phone _____