

STATEMENT OF IDENTITY

CONFIDENTIAL INFORMATION furnished to Rainier Title for its search of the public records related to a request for title insurance under its Order NO. 605479 This statement will serve to establish the correct identity of the persons in this transaction, and will be relied upon to determine whether matters that appear in the public records affecting persons of similar name can be eliminated from the proposed title insurance policy. **This must be signed personally by both spouses or domestic partners.**

A WORD OF EXPLANATION:

We have been asked to insure real property in which you have an interest. If you will fill out the information on this form, it will help us to expedite the closing of this transaction. We will protect your private information against risk of identity theft pursuant to our Privacy Policy.

We assure you that we are not unnecessarily prying into your personal affairs. With over four million people in the State of Washington there are many that have the same or similar names. In searching 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.

Thank you for your cooperation.

I HEREBY MAKE THE FOLLOWING STATEMENT OF FACTS:

Full Name _____
FIRST MIDDLE (IF NONE PLEASE INDICATE) LAST

Year of Birth _____ **Birthplace** _____ **S.S.#** _____

Full Name of Spouse or Domestic Partner _____
FIRST MIDDLE ((IF NONE PLEASE INDICATE) LAST

Year of Birth _____ **Birthplace** _____ **S.S.#** _____

Date of Marriage or Registration as Domestic Partnership _____
Where Married or Registered as Domestic Partnership _____
(city/state) _____

Was a prior marriage dissolved or domestic partnership terminated?

_____ If **Yes**, please answer the questions below. If **No**, please skip to **RESIDENCE** If more than one, please list separately

Name of former Spouse or Domestic Partner _____

Where dissolved? _____ When dissolved? _____
(city/county/state)

Names and ages of Children _____

RESIDENCE (During past 10 years)

Length of Residence

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
No. and Street	City	From	To

OCCUPATION (During past 10 years)

Husband or Domestic Partner

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Wife or Domestic Partner:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Position

Name of Firm

Location (City)

From

To

The undersigned state there are no unsatisfied judgments, state tax warrants, DSHS, or IRS tax liens against said affiants, except: _____

MY SIGNATURE can be verified by _____

(Please give name of employer or Bank (Branch or Department), where signature has been known for at least two years.)

Authority to verify is hereby given.

Signature _____

Signature _____