

INFORMATION AFFIDAVIT

ORDER /FILE NO.:

DATE:

THE INFORMATION CONTAINED ON THIS FORM IS CONFIDENTIAL AND FOR THE USE OF INDIANA TITLE NETWORK COMPANY. IT WILL BE USED SOLELY FOR THE PURPOSE OF DETERMINING WHETHER CERTAIN MATTERS OF RECORD AFFECT THE TITLE TO THE LAND BEING INSURED UNDER THE ABOVE CAPTIONED FILE, OR WHETHER THESE MATTERS RELATE TO OTHER PERSONS WITH LIKE OR SIMILAR NAMES.

PLEASE PRINT OR TYPE

AFFIANT, _____ CERTIFIES THAT SHE/HE IS:

1. Is _____ Years of age.

2. _____ Has Never Been Married

_____ Was Married to _____ on ____/____/____

In City/State _____.

_____ Has never been a party to a divorce proceeding.

_____ Was divorced from _____ on ____/____/____

In City/State _____.

_____ Is the widower of _____.

3. _____ Has never been known by any other name.

_____ Has been known by _____, Which was changed from _____, on ____/____/____.

4. _____ Has never been adjudged bankrupt.

_____ Was adjudged bankrupt on ____/____/____, in City/State _____, cause no. _____

5. _____ Is not a party to any unsatisfied or unreleased judgements, decrees or liens of record.

_____ Is a party to the following unsatisfied or unreleased judgements, decrees of liens

6. Please list all addresses owned in the last 10 years including PRIMARY AND INVESTMENT: Please also include any addresses you have lived at in the last 10 years:

Address City/State Dates: From - To Resided/Owned

7. During the past ten (10) years has been employed by the following, and none other:

8. Employer City/State Dates: From - To

9. Social Security Number is: _____ - _____ - _____

Affiant hereby certifies that the information given is true and complete to the best of his/her knowledge.

Date Signature

State of _____))SS: County of _____)

Subscribed and sworn before me on this _____ day of _____, 2012.

SEAL _____ Notary Signature

Return to: INDIANA TITLE NETWORK COMPANY Email: cp@indianatitlenetwork.com Fax# (219)662-6866