

AUTHORIZATION TO RELEASE

I/We, _____ (the "Borrowers"), hereby request and authorize all Mortgagees and Lien Holders to release any and all mortgage, loan, account, mortgage pay-off balance statements, loan transfer, lease/purchase, financial history, credit transaction, foreclosure information, negotiation etc., in verbal and/or written form, including copies of any and all written agreements

relative to account/loan number: _____

for the following lender: _____ ("Lender"),

on property located at: _____ (the "Property").

Borrowers authorize Jennifer Tremaine and/or Don Mason (the "Designated Agent") and Lighthouse Title Group and Designated Agent's authorized Agents ("Agents" shall include all real estate agents, brokers, title/escrow agents, attorneys and their assistants), to act on Borrowers' behalf with respect to Borrowers' obligation to Lender. This Authorization to Release may be reproduced to acquire reference from more than one source. Should a contract to sell the Property eventuate, this authorization shall remain in effect until the expiration of such agreement.

MORTGAGEE AND LIEN HOLDER LIABILITY

Mortgagees and Lien Holders will take any reasonable action deemed necessary to confirm the above information, but will not be held liable for not verifying the true identity of Borrowers' Designated Agent and/or their authorized agents. Mortgagees and Lien Holders shall not be held responsible or liable for what Borrowers' Designated Agent and/or their authorized Agents do with the information or documents obtained.

INDEMNIFICATION

Borrowers and their heirs, successors and assigns shall indemnify and defend Designated Agent, the authorized Agents, broker, mortgagees, creditors and lien holders and assigns against and hold harmless from any claim, suit and liability for any reason arising from disclosure, release of documents, information, discussion and/or negotiation relative to the above mentioned account.

REVOCAION OF PRIOR AUTHORIZATION

Authorization for any and all parties previously approved to act on my/our behalf is hereby revoked. The only parties authorized to act as my/our representatives are those named in this Authorization.

ACKNOWLEDGEMENT

By signing below, the parties hereby acknowledge that they have received and read the information in this Authorization and also confirm receipt of a copy of this document.

Borrower Signature

Borrower Signature

Print Name

Print Name

Social Security Number

Social Security Number

Date

Date

Photographic, facsimile or carbon copy of this Authorization, including signatures may be deemed to be the equivalent of the original and may be used as a duplicate of the original.