

AUTHORIZATION TO RELEASE INFORMATION

I, _____ and _____ authorize
the following company:

FIRST TITLE & ESCROW, INC.
30 WEST GUDE DRIVE, 4TH FLOOR, ROCKVILLE, MD 20850
Phone: (301) 279-0303 Fax: (301) 279-7930

To do any and all of the following:

- order/receive any loan payoffs or lien payoffs or releases regarding the real estate property
- verify information such as my social security number, address, etc. with third parties
- freeze my mortgage loan account(s) from any future draws or disbursements as of this time
- or any other such action or communication that may be needed to facilitate the closing

I certify that our social security number(s) is: _____ and
_____.

My property address is: _____

My current mailing address is: _____

My phone numbers are: _____ day _____ evening

(Please list your payoff account numbers so we can obtain payoff balances to expedite the closing)

Payoff Name Account Number Phone Number

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

A copy of this letter shall be treated as the original.

Signed this _____ day of _____, 2008.

