

AUTHORIZATION TO RELEASE INSURANCE FILES

TO: _____

I hereby authorize any member of the law firm of Ramos Law, 10190 Bannock Street, Ste. 200, Northglenn, Colorado, 80260 to receive a copy of the entire insurance file pertaining to any applications for insurance, claims made or benefits paid to, by or on my behalf.

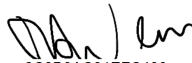
NAME: Tamara Catherine Anderson

DATE OF BIRTH: August 14, 1996

SOCIAL SECURITY NO.: 651-01-4405

In executing this Authorization, I specifically waive any privilege or confidential communication between myself and such insurance companies, but this waiver is solely for the purpose of authorizing the above law firm to obtain this information and no other person or organization.

You may treat a photocopy of this Authorization as a duly executed original for all purposes.

DocuSigned by:

8C9B0AC01EFC400...
Signature

2/12/2024
Date