



Accurate Title and Closings LLC
 704 Park Avenue
 Racine, WI 53403
 Phone: 262-637-7468 Fax: (414)257-2675
 closings@accuratetitleandclosings.com

FILE NO.: _____

AUTHORIZATION TO OBTAIN RELEASE INFORMATION

The undersigned is/are the owner(s) of the property (the "Property") located at _____

The undersigned, being the Sellers of the above property, hereby authorize Accurate Title and Closings LLC and/or its agent(s) to obtain any mortgage and/or judgment and lien information relating to the Property, including but not limited to payoff amounts and escrow information.

X _____
Signature
 * _____
Print Name

Tax ID No.: _____

Date: _____

Forwarding Address: _____

Phone No.: _____

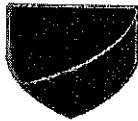
X _____
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 * _____
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BELOW PLEASE LIST THE PROVIDER THAT YOU MAKE YOUR MONTHLY PAYMENTS TO ALONG WITH THE LOAN NUMBER AND CUSTOMER SERVICE NUMBER INDICATED ON YOUR STATEMENT(S)

1st Mortgage Holder:

Loan Servicer:

Loan No.:

Customer Service Phone No.:

2nd Mortgage Holder:

Loan Servicer:

Loan No.:

Customer Service Phone No.:

PLEASE FORWARD COMPLETED FORM TO:

EMAIL: closings@accuratetitleandclosings.com

FACSIMILE: (414)257-2675 TELEPHONE: 262-637-7468