

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We are selling our property known as _____,
_____, Ohio, _____. As part of the process, PEAK TITLE
AGENCY, LLC. may verify information contained on our loan and in other documents
required in connection with the sale of the property.

I/We authorize you to provide PEAK TITLE AGENCY, LLC all information and
document(s) they request. Such information includes, but is not limited to payoff
requests with account balances and copies of payoffs.

A copy of this authorization may be accepted as an original.

Your prompt reply to PEAK TITLE AGENCY, LLC will be appreciated.

X _____

Social Security Number: _____

X _____

Social Security Number: _____

CLOSING NOTICE TO RESALE PURCHASER

File Number:

**IF THIS IS A RESALE WITHIN 10 YEARS, YOU MAY
BE ENTITLED TO A REDUCED PREMIUM. PLEASE DISCUSS
WHETHER YOU ARE ELIGIBLE FOR A DISCOUNTED PREMIUM
WITH THE TITLE CLOSER AT THIS CLOSING**

Our examination of title indicates that you are the seller of the property covered by our commitment. We have been advised that you are now selling that property and that an owners policy of title insurance is to be issued.

To determine eligibility for a discounted premium, please provide the title closer with:

- A copy of any owners title insurance policy that has been issued for the property with the past 10 years, or
- A closing statement confirming payment of a premium for the prior title insurance policy and the policy amount.

Peak Title Agency will accept these documents up two weeks after the closing date, but only documents received at closing will received expedited refunds.

Please acknowledge your understanding of all of the above by signing below.

Date: _____

INFORMATION REQUEST FORM

SELLERS: _____
PROPERTY _____
ADDRESS: _____
FILE NO: _____
DATE: _____

Please provide us with the payoff information listed below to assist us in the servicing of your sale. Please return with authorization as soon as possible.

1st
Mortgage company: _____
Loan Number: _____
Phone Number: _____

2nd
Mortgage company: _____
Loan Number: _____
Phone Number: _____

Home Owners Association/Condo Association: (circle one) YES NO

If Yes:

Home Owners Association/Condo Association: _____

Contact Name: _____

Contact Number: _____

Amount of Dues: _____ month / year ____

X _____

X _____
