



LANDMARK TITLE OF RACINE, INC.

Title Insurance Abstracts Escrows Closing Service

719 Washington Ave. PO Box 726 Racine, WI 53401 262-632-6262 FAX 262-632-6243

AUTHORIZATION TO RELEASE MORTGAGE LOAN INFORMATION

Lender Name: _____

Lender Address: _____

Lender Telephone Number: _____

Borrower Name: _____

Co-Borrower Name: _____

Property Address: _____

City/State/Zip: _____

Lender Loan Number: _____

TO THE LENDER:

This form authorizes you to release information to the employees of Landmark Title of Racine, Inc., 719 Washington Avenue, Racine, WI 53403, verbally or in writing, regarding the loan herein described, including, but not limited to payoff statements, escrow information, and year to date interest information.

*In the event this loan is secured by a Mortgage (Deed of Trust) allowing for advances of a credit line, please be advised that this letter authorizes you to freeze the referenced credit line upon issuance of your payoff (demand). If you require further authorization, please contact the undersigned immediately. **Payment pursuant to your payoff (demand) will eliminate any security interest you have in the property in question.** In order to avoid unsecured additional advances the account must be frozen upon issuance of your payoff (demand). If you make any additional advances they will not be secured by the subject property. We will be completing an escrow/closing transaction involving a new owner or lender in reliance on the release of your security interest in the property. Upon payment you will be obligated to issue a release of the Mortgage (Deed of Trust) securing the line of credit.*

Borrower Signature Date: _____

Borrower Social Security Number: _____

Co-Borrower Signature Date: _____

Co-Borrower Social Security Number: _____