

Authorization to Release Information

Date: _____

Property Owner(s): _____

Loan # : _____

Property address: _____

City, State: _____

To: Trustee Corps (Fax Number 949-252-8330 Address: 2112 Business Center Drive, Suite 201 Irvine, CA 92612)

I / We _____ (property owner(s))
do hereby authorize _____ to request
and obtain from Trustee Corps information on my real estate loan referenced above.

Items authorized to obtain:

Reinstatement or payoff statements only

Other items (This request requires the Property Owner(s) to have their signature(s) notarized)

List each request:

I authorize the transmission of this information via US Mail, Facsimile or Email
(If not check, the information will be sent by First Class Mail only)

Send information to:

Name: _____

Address: _____

City: _____ State/Zip: _____

Fax number: _____

Email address: _____

In addition, I/We do hereby release Trustee Corps, MTC Financial Inc., their owners, stockholders, employees, vendors, agents, and sub-agents from any and all liability as to the information released and the method by which it was released and transmitted. In addition, the undersigned does hereby agree to defend and reimburse Trustee Corps, MTC Financial Inc., their owners, stockholders, employees, vendors, agents, and sub-agents for any and all legal action and claims as to the information released, the method by which it was released and the actual use of the information authorized or not by the Property Owner(s). We have consulted legal counsel as to this Authorization to Release Information and release of liability. The undersigned Property Owners is/ are solely responsible for the information released.

Property Owners

Property Owners

By: _____

Name:

By: _____

Name:

This document must be sign and returned to
TRUSTEE CORPS
2112 Business Center Drive, Suite 201
Irvine, CA 92612
(949) 252-8300 Fax (949)252-8330

Trustee Corps is a Debt Collector and any information used will be used for that purpose

The request must be notarized, if the Property Owner(s) authorize the release of information other than a Reinstatement or Payoff Statement.

STATE OF _____
County of _____

On _____, before me, _____, personally appeared _____, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the same, in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary Signature

This document must be sign and returned to
TRUSTEE CORPS
2112 Business Center Drive, Suite 201
Irvine, CA 92612
(949) 252-8300
Fax (949)252-8330

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