

AUTHORIZATION TO RELEASE LOAN INFORMATION

Authorization dated this \_\_\_\_\_

Borrower(s): \_\_\_\_\_

Lender: \_\_\_\_\_

Loan No.: \_\_\_\_\_

Property: \_\_\_\_\_

Borrower(s): \_\_\_\_\_

Lender: \_\_\_\_\_

Loan No.: \_\_\_\_\_

Property: \_\_\_\_\_

Borrower(s): \_\_\_\_\_

Lender: \_\_\_\_\_

Loan No.: \_\_\_\_\_

Property: \_\_\_\_\_

I/We the undersigned hereby authorize you to release to **Jonathan Asbell and RP Assets Holdings LLC** or its agents and assigns any and all information that they may require about my loan and mortgage/trust deed on the above-referenced property. This authorization is a continuation authorization for said persons to receive information about these loans, including duplicates of any notices sent to me regarding these loans, an assumption package, and payoff statements. You may reproduce this document to acquire references from more than one source. "Agents" shall include all real estate brokers and their salespersons or assistants, title or escrow companies and their employees, and attorneys and their employees.

Borrower: \_\_\_\_\_

Borrower: \_\_\_\_\_

Borrower: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION TO RELEASE INSURANCE INFORMATION**

Authorization dated this \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

I/We the undersigned hereby authorize you to release to **Jonathan Asbell and RP Assets Holdings LLC** or its agents and assigns any and all information that they may require about my insurance, claims, payments, or escrow. This authorization is a continuation authorization for said persons to receive information about my insurance, claims, payments, or escrow. You may reproduce this document to acquire references from more than one source. "Agents" shall include all real estate brokers and their salespersons or assistants, title or escrow companies and their employees, and attorneys and their employees.

Policy Holder: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_

\_\_\_\_\_