Mortgage+Care

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«f80»
«f81»
«f82», «f83»

CERTIFICATION OF AUTHORITY TO RECEIVE CUSTOMER/BORROWER INFORMATION

Pursuant to the regulations and/or requirements of the federal Office of Thrift Supervision ("OTS") concerning the release of customer financial information, effective on December 15, 1989, and as otherwise may be required by law, regulation or rule, we are requesting the following:

To: Enter name «f2»
Enter address
Enter city st zip

Borrower Name(s): «f5» «f6» «f7»
«f10» «f11» «f12»
«f450»
«f451»

I (We) and (are) the Borrower(s) identified above by Loan Number and name, do hereby authorize «f80» at the address indicated below, to receive the information requested on the attached (check one):

__ Status Report
__ Beneficiary Statement pursuant to Civil Code Section 2943
__ Demand for Payoff

_____
«f5» «f6» «f7» - Borrower/Date

_____
«f10» «f11» «f12» - Borrower/Date

_____
«f450» - Borrower/Date

_____
«f451» - Borrower/Date

Confidentiality Agreement

«f80», «f81» «f82» «f83», agrees to keep the information received confidential, and to limit the use of the information to (check one):

__ Payoff __ Loan Status
__ Other:_____

_____