PAYOFF AUTHORIZATION

Property Owner: Please fill out this area COMPLETELY.

| LENDER | _DATE |
|-----------------------------------|---------|
| ADDRESS | _LOAN # |
| CITY/ST | _PHONE |
| PROPERTY ADDRESS | |
| | |
| The above property has been sold: | |

____ On Land Contract (mortgage will not be paid off)

____Your mortgage/lien will be paid off.

You are hereby authorized to discuss and/or furnish any and all information regarding our loan account referenced above to Lightning Title LLC, and to provide the following information immediately:

____ Payoff figures as of _____ with a daily rate.

Equity line payoff figures as of _____ with daily rate. Please block account once payoff letter is sent. Checks/Cards have been destroyed.

| Property Owner: Please fill out this area COMPLETELY. | | |
|---|-----|----|
| Seller's Signatures | S | s# |
| - | \$5 | s# |
| Phone Number | | |

Please forward this information to:

Lightning Title LLC 1537 East Hill Rd. Suite 100 Grand Blanc, MI 48439 Phone (810) 252-9456 customerservice@lightning-title.com