

Barsh and Cohen, P.C.

ATTORNEYS AT LAW

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CONSENT/CONFIDENTIALITY AGREEMENT

FIRST MORTGAGE

Lender to be paid off: Lender _____

Telephone Number: _____

Account/Loan Number: _____

Your Complete Property Address: _____

SECOND MORTGAGE

Lender to be paid off: _____

Lender Telephone Number: _____

Your Account/Loan Number: _____

Your Complete Property Address: _____

Borrower

Signature

Print Name

Social Security No.

Email Address

Co-Borrower

Signature

Print Name

Social Security No.

Email Address

Homeowner's Insurance Agent (hazard insurance) _____

Address: _____

Telephone No.: _____

(If a condominium, please list name of condominium association)

If refinancing/selling a condominium, please obtain a 6(d) certification from your condominium association.

Please consider this formal authorization and request for pay-off figures relating to the above-referenced mortgage(s). Please provide any and all information relating to my loans to Barsh and Cohen, P.C. Any fees for this service is hereby acknowledged.