

**Release of Information Authorization Form
Couple**

Attention to: _____ Date: _____

We, _____, Social Security # _____-____-_____, and _____, Social Security # _____-____-_____, do hereby authorize any and all financial institutions, including banks, credit unions, stock brokerage companies, and insurance companies holding assets including cash, stocks, mutual funds and/or insurance policies, and funeral homes holding insurance or funeral contracts, owned by either of us to release any and all information to my attorneys, Keith P. Huffman, Timothy K. Babcock, Jeslynn C. Smith, Michael J. Huffman and/or the law firm of Dale, Huffman & Babcock, including Dawn M. Miller, Cynthia J. Rhoades, Rhonda S. Shaw and Patty A. Walker) pertaining to the ownership and values for any and all such accounts, as may be requested from time to time.

WE AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

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