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Escrow No. _____

Check appropriate box:

Champaign Office:

Springfield Office:

Peoria Office:

201 West Springfield, Suite 101
 Champaign, Illinois 61820
 Phone: 217/403-3434
 Fax: 217/403-3435

3201 Old Jacksonville Road
 Springfield, Illinois 62711
 Phone: 217/726-3142
 Fax: 217/547-0220

3300 West Willow Knolls
 Peoria, Illinois 61614
 Phone: 309/683-1531
 Fax: 309/692-5977

PAYOFF REQUEST AUTHORIZATION and AUTHORIZATION TO CLOSE LINE OF CREDIT

We authorize Associated Capital Title to obtain information concerning the payoff of our mortgage loan on the property located at _____, which we have contracted to sell. Any and all information requested shall be provided to Associated Capital Title by Lender or by Lender's successors and/or assigns.

We agree that any Revolving Line of Credit, Home Equity Line of Credit or similar mortgage is to be closed immediately and a release be prepared and recorded. Further, we understand that the right to obtain advances is terminated and no further checks, credit card transactions or automatic deductions will be honored or applied to same. This letter does not relieve us from any liability for any unpaid balance owing on the such a mortgage, including any balances that may result from the reversing of prior payments, the presentment of any preauthorized transactions after the closing has been processed or checks paid prior to closing.

We further agree to immediately provide to Associated Capital Title, for transmittal to Lender or Lender's successors and/or assigns, any funds shortage due pursuant to the date of payoff letter, per diem, non-receipt of timely funds or any reason beyond the control of Associated Capital Title.

Dated this _____ day of _____, 2008

 Signature:

 Signature:

 Social Security Number

 Social Security Number

(When this form is being completed, please include the information below.)

Lender Name: _____
 (or successors and/or assigns)

Phone: _____

Loan Number: _____

Fax: _____

Mortgage Date: _____

Amount: _____ \$

Recording Date: _____

Doc No.: _____

Lender Name: _____
 (or successors and/or assigns)

Phone: _____

Loan Number: _____

Fax: _____

Mortgage Date: _____

Amount: _____ \$

Recording Date: _____

Doc No.: _____

Agent of Chicago Title Insurance Company

