IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

Case Number: _____

AUTHORIZATION TO DISCLOSE FINANCIAL INFORMATION

TO: _____
_____
_____

RE: _____
_____
_____

CONSENT IS HEREBY GIVEN to you to provide _____, or his/her/its authorized representatives, any and all information, written or oral, which he/she/it may request, concerning all financial information pertaining to me which is a part of your records as fully as though I was requesting same.

You are further authorized to communicate (orally or in writing) with any member of said firm, or its representative, for the purpose of explaining or disclosing any other information requested pursuant to this Authorization.

Any expense pertaining to the foregoing shall be paid by the party requesting same pursuant to this Authorization and nothing herein shall be construed to make me liable for same.

A copy of this Authorization shall have the same force and effect as the original.

This Authorization shall be irrevocable for a period of six (6) months from the date of this Authorization and shall thereafter be deemed revoked without further notice.

A copy of this Authorization shall have the same force and effect as the original.

DATE: _____ _____

STATE OF MISSOURI)
) ss.
COUNTY OF _____)

ON THIS _____ day of _____, 20_____, affiant personally appeared before me. a Notary Public, and upon oath, declared that he/she signed the above and foregoing instrument as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal on the date last above written.

_____
Notary Public

My Commission Expires: _____

#164 4/97