

Retrieval Consent Agreement

For the purpose of retrieving monies held

To Whom it May Concern:

I/We, _____, the undersigned do hereby grant Court Asset Recovery the right to request and receive any and all information regarding potential or actual funds, property or monies in my/our name or in the name of a relative who I/we qualify as an heir for, limited to:

Lost Heirs- Abandoned/condemned Real Property - Medicare & Medicaid refunds
Estate trusts - funds, escrow accounts - Corporate refunds - Monies from lawsuits –
Remainders Unclaimed bank accounts from relatives/ancestors - Unclaimed Tax Refunds - Paid
Liens and/or Judgments - Legal instruments entitling you to monies.

All areas must be completed below.

Signed _____ Date _____

Printed Name _____

Name on mailing if different from yours, printed _____

Phone Number for Confirmation () _____ - _____

Current mailing address _____

(no PO Boxes please) _____

2nd person — if applicable

Signed _____ Date _____

Printed Name _____

Name on mailing if different from yours, printed _____

Phone Number for Confirmation () _____ - _____

Current mailing address _____

(no PO Boxes please) _____

Complete the form above and send via fax, email or mail to:

Fax this consent agreement to 614-340-2271

KWare@CourtAssetRecovery.com

Atten: Kent Ware| Court Asset Recovery LLC | 1255 N Hamilton Rd, | Gahanna, OH 43230

You can call (614) 573-6995 with any questions. This form does not need to be notarized.