

GENERAL RELEASE
AND
LIMITED POWER OF ATTORNEY

This General Release and Limited Power of Attorney is entered into between Gary Lacefield dba Risk Mitigation Group and _____. This release must be fully executed, notarized, and returned to Risk Mitigation Group.

I/We authorize Dr. Gary Lacefield and the Risk Mitigation Group to review information contained in my/our loan application and in other documents required in connection with the loan. I/We authorize the release of any and all information in regards to payment histories and servicing notes pertaining to this loan for the life of the loan regardless of who currently holds the mortgage loan for servicing.

I/We authorize Dr. Gary Lacefield and the Risk Mitigation Group to act as our Representative(s) in any and all matters relating to the filing, investigation, negotiation and conciliation efforts regarding any Department of Housing and Urban Development (HUD) Fair Housing Complaint. Dr. Lacefield will have full authority to negotiate on my/our behalf regarding all issues related to the HUD complaint.

Therefore, I/We have signed below authorizing the release of all employment, financial, occupancy and mortgage loan history information to assist in the review process for the duration of the note.

The effective date of this Release is the date of endorsement.

I/We have read and understood the foregoing General Release, have been advised to and have had the opportunity to discuss it with anyone I/we desire, including an attorney of my/our choice, agree to its terms, acknowledge receipt of a copy of same, and the sufficiency of the consideration recited therein, and sign this General Release and Limited Power of Attorney voluntarily.

Borrower

Dated

Borrower

Dated

STATE OF _____
COUNTY OF _____

On this ____ day of _____, in the year of 2008, before me _____
Personally appeared _____

proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to within the instrument, and acknowledged that they executed the same.

My commission expires: _____ Notary Public: _____

Dr. Gary Lacefield dba Risk Mitigation Group

By: _____ Dated: _____