Life Insurance Information Release Authorization

To: **(Corporation)**
(Address)

Re:

Ronald J. Webber
44 Predicament Place
Estrangement, NJ 08837
S.S.#: 123-45-6789

This will authorize you to release to the firm of *Romanowski Law Offices*, or its designated representative, any information they may request concerning my life insurance policies, policy numbers, designated beneficiaries, the amount of the death benefits, cash surrender values and itemization of any liens, loans or encumbrances against any policies.

_____
Ronald J. Webber

Dated: _____

Acknowledgment

STATE OF NEW JERSEY :
ss :
COUNTY OF _____:

I certify that on **(Date)**, **(Name of Responding Party)** personally came before me, a Notary Public of the State of New Jersey, and acknowledged under oath, to my satisfaction, that he/she is the person named in and who personally signed this Authorization.

_____
Name of Notary Public
My Commission Expires: _____

Date: _____

Romanowski Law Offices
475 Main Street Metuchen, NJ 08840
(732) 603-8585 / E-Mail: DivorceNJ@Prodigy.Net

March 8, 2005 (4:19pm)
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