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ASSET SEARCH REQUEST FORM

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Facility Phone # _____ **Return Fax # for Report:** _____

Facility Name: _____ **Business Office Manager:** _____

Resident's Name: _____ **Home Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

SSN: _____ **DOB:** _____ **Resident's Debt: \$** _____

Responsible Party: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Office Manager's Signature: _____

I authorize the Lone Star Lawyer, Howard M. Kahn ("LSL") to run an **Asset Search and Report** as soon as he receives this completed and signed Asset Search and/or Credit Report fax form. The facility understands there will be a **\$75 fee** for the Asset Search and Report charged to the facility ordering this service during the normal billing cycle. LSL realizes that the facility needs this report quickly, and will process these requests as soon as possible. Our reports will be faxed back to the facility's fax number entered above.

Additional Notes or Messages: _____

