



## **SELFMADE ASSET RECOVERY**

c/o 1223 East 233rd Street, Suite #232, Bronx, NY 10466

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## **SKIP TRACING & RESEARCH AUTHORIZATION**

### **AUTHORIZATION GRANT**

Client hereby authorizes SELFMADE ASSET RECOVERY to conduct lawful skip tracing, research, database inquiries, public record searches, and investigative activities for the purpose of identifying assets, funds, property interests, and related information.

### **SCOPE OF RESEARCH**

Research activities may include, but are not limited to, reviewing public records, court filings, property records, financial indicators, address histories, and engaging third-party data providers where permitted by law.

### **NO GUARANTEE / LIMITATIONS**

Client understands that skip tracing and research do not guarantee asset identification or recovery. Results depend on data availability, accuracy, and jurisdictional limitations.

### **CLIENT REPRESENTATIONS**

Client represents that they have lawful authority to authorize such research and release SELFMADE ASSET RECOVERY from liability arising from information obtained through authorized means.

CLIENT SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### **NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is personally known to me or has  
produced \_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

DISCLAIMER: This authorization permits lawful research activities only and does not constitute legal advice or guarantee outcomes.