



Office of the Ohio Attorney General

Collections Enforcement Section

30 East Broad Street, 14th Floor

Columbus, OH 43215

Questions?

Payoff.Inquiries@OhioAGO.gov

Submit completed form:

614-644-7106 fax

CE_Title_Desk_Payoffs@OhioAGO.gov

Request for Lien Verification and Payoffs

Name of Title Co., Lender, _____ Contact Person _____

Mailing address: _____ Phone no.: _____

File/Loan/Order # _____ Fax (required): _____

Personal Criteria (i.e., Personal Income Tax, Personal School District, Universities, Clerk of Courts)

Your Client's Name: _____ Full SSN: _____

Secondary Name: _____ Full SSN: _____

_____ Deceased? (See pg 2.a. for instructions) _____ POA? (See pg 2) _____ Bankruptcy? (past/current see pg 2)

Name(s) associated with lien(s): _____

(If 2 names listed, both SSNs and consent signatures are required)

List Acct/Serial #s (No judgment or case numbers see pg 2 d.): _____

By signing below, you are authorizing the Ohio Attorney General's Office to release information related to debts owed to the State of Ohio which have been certified to the Ohio Attorney General's Office for collection and documents which will produce a release of lien related to _____.

(Name of Title Company, Lender, Attorney, POA)

Signed: _____ Date: _____

(Expires after 12 months from this date)

Signed: _____ Date: _____

(Expires after 12 months from this date)

Business Criteria (i.e., Sales taxes, Use Taxes, Commercial Activity (CAT) Taxes, Withholding Taxes, Unemployment, Bureau of Worker's Compensation, etc. see pg 2. d.)

Your Client's Name: _____ Full SSN: _____ FEIN _____

Business Name, if differs from Client's Name: _____

List Acct/Serial #s (No judgment or case numbers see pg 2 d.): _____

By signing below, you are authorizing the Ohio Attorney General's Office to release information related to debts owed to the State of Ohio which have been certified to the Ohio Attorney General's Office for collection and documents which will produce a release of lien related to _____.

(Name of Title Company, Lender, Attorney, POA)

Signed: _____ Title (Owner/Member/POA) _____

Date: _____

(Expires after 12 months from this date)

Verification and Payoff Instructions

Required in formation

- ✓ Full Name and SSNSS
- ✓ FEIN, if a business
- ✓ Consent signatures
- ✓ Legible writing, if we can't read it, we send it back
- ✓ Fax number, responses cannot be emailed

Deceased Parties

Required Documents

- ✓ Verification of party authorized to sign on the behalf of the deceased party:
- ✓ Probate documents appointing Beneficiary, Fiduciary, Guardian, etc.

No probate?

- ✓ Copy of death certificate with 1 of the following:
 - Transfer certificate;
 - Survivorship deed;
 - Executed Will;

****Cannot accept Quit Claim Deeds****

Party verified as the authorized signor, signs the consent on the behalf of the deceased for "Personal" and "Business", if applicable.

POAs & other parties signing on the behalf of another party

Required Documents

- State of Ohio Declaration of Tax representative;
- Executed, notarized POA, guardianship document

Bankruptcies, both past and present

- Even discharged in a prior Bankruptcy, a lien may "survive" IF the lien was filed prior to the Bankruptcy filing date;
- All accounts require additional review to determine the amount needed to receive a lien release;
- The Property Disclosure form on pg 3 is required to be completed and included with

Search Criteria Required

- **CRN number;**
- **Assessment number;**
- **Attorney General's Account number;**
- **If BWC, Risk/Policy number;**

We cannot search via Judgment or Case numbers.

The numbers required are found on the face of the lien precipe document and can be obtained from the Clerk of Court or Recorder office or website where the lien was filed. **Do not attach the copies.**

Business Consent needed?

- FEINs are the primary Business identifiers;
 - Registered businesses like LLCs, corporations, or partnerships, must obtain an FEIN;
- SSNs are optional and not required when starting a business;
 - The owner may have opened the business in their name or another person's name and opted to use an FEIN;
- Even if the business uses your personal name or "dba" aliases, the business is considered a separate entity and necessitates a business-specific consent by the owner, a member, a partner or other authorized representative;

Prior Owner Liens and Uncooperative Parties

For previous owner/resident liens that cannot be located or the party is uncooperative, the AGO is not permitted to disclose another party's information without consent. However, the Payoff Request with the required information can be submitted for review stating "Responsible party cannot be located" and include the following:

- ✓ A written offer in exchange for the lien release;
- ✓ The offer will be based on the amount showing on the lien;
- ✓ Copy of the HUD1, from the current purchase showing how the funds will be distributed at closing;
 - If no HUD1, copy of the Entry Confirming Sale and Ordering Distribution;
- ✓ Copy of the Legal Description;
- ✓ Copy of the Title Report;
- ✓ Copy of the appraisal, IF an appraisal was conducted;
- ✓ Email directly to Payoff.Inquiries@OhioAGO.gov and include "Payoff without Consent" and the party's name on the subject line;
- ✓ The information will be forwarded to an Asst. Attorney General for review and response. Due to the volume of requests in addition to the attorney caseloads, the review process takes 6-8 weeks before a response is received.



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 Collections Enforcement Section
 30 East Broad Street, 14th Floor
 Columbus, OH 43215

Collections Enforcement
 Office 614-466-8360
 Fax 614-644-7106

FOR SUBMISSION ALONG WITH PAYOFF REQUEST (LAST PAGE OF THIS ATTACHMENT)

ONLY IF THE PARTY HAS EVER FILED A BANKRUPTCY

COLLECTIONS ENFORCEMENT SECTION
 PROPERTY DISCLOSURE FORM – 11/2024

Date: _____ Account No./SSN (last 4 digits only) _____
 Name: _____ Email: _____
 Address: _____ Phone _____
 City: _____ State: _____ Zip: _____

1. Have you ever filed bankruptcy? Yes ___ No ___
 Court: _____ Case Number: _____ Chapter: ___
 Asset: Yes ___ No ___ Discharge: Yes ___ No ___

PLEASE ATTACH A COPY OF SCHEDULE A FROM YOUR BANKRUPTCY PETITION.

2. Do you currently own any real property or did you recently sell property that is the basis for this lien payoff request?
 Yes ___ No ___

3. If Yes, please attach a list including the property address, date property was titled in your name & current disposition, including any date of sale for any property sold.

4. Indicate why you are requesting a release of the State's lien(s)?

___ Sale/Transfer/Refinance of Property*** Please include the address of the property _____

___ Purchasing Property _____ Other (please explain) _____

I hereby swear/affirm under penalties of perjury that all of the information listed above is true and accurate to the best of my knowledge

Affiant/Taxpayer Signature

Subscribed and sworn/affirmed to before me this ___ day of _____, _____.

Notary Public

My Commission Expires: _____

***If your request for a lien release is due to the **sale, transfer or refinancing of your real property**, you must provide the following additional information with this request. Otherwise, the full amount of the payoff may be provided:

- Current title report on the subject property
- Current appraisal of the subject property (if an appraisal was done)
- Proposed closing statement of sale, transfer or refinance
- Proposed amount to be applied to state liens

If you have questions *related to this form only*, please contact our Bankruptcy staff at 614.779.0103. This completed form and the Request for Lien Payoff Information should be faxed to the Reso staff at 614.644.7106.