

**V2042****CERTIFICATION OF COUNSEL PAGES FOR RELEASES: CURE FOR  
SELECTED DEFICIENCIES****A. PRIMARY COUNSEL INFORMATION**

<b>Attorney Name</b>		Last		First		Middle	
<b>Primary Counsel</b>		Law Firm					
<b>Current Address</b>	Street						
	City			State	Zip	Country	
<b>Telephone Number</b>		<b>Facsimile</b>		<b>Email</b>			

**B. AUTHORIZATION**

For any Release submitted on behalf of a Claimant as to whom I am Primary Counsel, where the Certification of Counsel by Counsel for Releasor or the Certification of Counsel by Counsel for a Derivative Claimant did not contain the name of the Claimant or Derivative Claimant in the space provided but was instead was left blank, I hereby authorize the Claims Administrator to fill in the name of the appropriate Claimant or Derivative Claimant on the Certification of Counsel page previously submitted. I agree that such corrected Certification of Counsel page for Counsel of Releasor or Certification of Counsel page for Counsel for Derivative Claimant shall be treated as if such name had been completed in the required space when the Certification was originally executed.

In addition, for any Release submitted on behalf of a Claimant as to whom I am Primary Counsel, if the Certification of Counsel page for Counsel for Releasor or the Certification of Counsel page for Counsel for a Derivative Claimant listed the space provided the name of a deceased Claimant or a deceased Derivative Claimant, I hereby authorize the Claims Administrator to add to the page alongside the name of the deceased Claimant or deceased Derivative Claimant, the name of the Representative Claimant who executed the Release on behalf of the deceased Claimant or Derivative Claimant. I agree that such corrected Certification of Counsel page for Counsel of Releasor or Certification of Counsel page for Counsel for Derivative Claimant shall be treated as if such name had been completed in the required space when the Certification was executed.

**C. SIGNATURE**

<b>Signature</b>			<b>Date</b>	____/____/____ (month) (day) (year)
<b>Printed Name</b>	First	MI	Last	