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LOAN #: 6435762

ESCROW/CLOSING #:

WHEN RECORDED MALLYO

CASE #:

SPECIFIC POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that IR DIAWA OSBORNE herewith nominate, constitute and appoint LAURA L. WELLS my true and lawful attorney-in-fact, for me and in my name, place and stead to:

Contract for, purchase, receive and take possession of to sell, exchange, grant or convey with or without warranty; to mortgage, transfer in trust, or otherwise encumber or hypothecate the property legally described as:

LOT 121 IN SPRINGROSE

HEATH SUBDIVISION, UNIT

TWO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 76 PAGE 65, in the Office of the Recorder of Lake County, Indiana. whose address is 8813 CALHOUN Crown Point

Crown Point STV/JOHN, IN 46311- 46307

FHA/CONV L.W. TCU

Specific Power of Attorney 1C0151XX (03/94)

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Initials: DO





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and to endorse, sign, seal, execute and deliver any and all mortgages, Deeds of Trust, Deed of Trust Notes, notes or bonds, financing statements, checks, drafts or other negotiable instruments and other written instrument(s) of whatever kind reasonably required to effectuate this loan.

I also authorize my attorney-in fact, when appropriate, to execute in my name and behalf such papers and documents as may be required to obtain and consummate a mortgage loan including but not limited to mortgage loans guaranteed and/or insured by the Federal Housing Administration (FHA), or otherwise, and to execute such documents as may be required by FHA, and to execute loan settlement statements, certifications of occupancy, statements required by the Federal Truth-in, Landing Law or Real Estate Settlement Procedures Act of 1975, and any and all other papers necessary or proper to obtain and consummate safe loan.

This Power of Attorney is specifically limited to the above purposes and, if not exercised prior to

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State of California Add

County of Count

, personally known to me (or rson(s) whose name(s) is/are

proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.
(This area for official notarial seal)

FHA/CONV Specific Power of Attorney 1C0152XX (03/94) Wilma K. Pagê Cyper 10-24-97

County of Residence: Allen

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Prepared by Diana Osborne