Loan No: Borrower: 257-000-03277 ROY C. FIELDS 97021193 97... 1:42

491806VO

## LIMITED POWER OF ATTORNEY

| KNOW ALL MEN BY THESE PRESENTS, that I.                        | Distribut Di savor |              |  |
|--|--------------------|--------------|--|
| AGENT , of BETHLEHEM   |                    |              |  |
| CREDIT UNION ("Company"), acting on behalf of the Com          | pany, have made,   | constituted, |  |
| and appointed and by these presents do make, constitu          | ite, and appoint   | UNITED       |  |
| COMPANIES LENDING CORPORATION ("Assignee") as t                | he Company's true  | e and lawful |  |
| agent and attorney-in-fact, for the Company and in the Comp    | any's name, place  | e, and stead |  |
| to execute, endorse, acknowledge, and deliver such documents   | and to take wha    | tever action |  |
| as such attorney-in-fact may deem necessary and appropriate 1  | or the purpose of  | negotiating, |  |
| assigning, and transferring from the Company to Assignee mor   | igage notes, mortg | gages, deeds |  |
| of trust, and other liens pertaining to or affecting the follo | wing described re  | al property  |  |
| located in LAKE County, IN:                                    |                    |              |  |

LOT 2, BLOCK 2, MALMSTEN'S EAST GARY SURDIVISION, IN THE CITY OF EAST GARY, AS SHOWN IN PLAT BOOK 31, PAGE 40, IN LAKE COUNTY, INDIANA.

which has the address of 2610 COUNTY LINE ROAD, LAKE STATION, IN 46405. The Company hereby gives such attorney-in-fact full power and authority to do and perform all and every act and thing whatever requisite and necessary to be done in connection with the putpose stated herein as fully to all intents and purposes as the Company might or could do, hereby ratifying and confirming on behalf of the Company whatever such attorney-in-fact shall or may do by virtue hereof.

This Limited Power of Attorney shall remain in effect for the purpose stated herein until specifically revoked in writing. In the event this Limited Power of Attorney is filed or recorded, such written revocation must be similarly filed or recorded.

of MARCH , 19 97 , in the capacity stated herein.

BETHLEHEM EMPLOYEES FEDERAL CREDIT UNION

FILED

SHIRLEY L. HANEY, AGENT

(Typed Name and Title)

Arr. 18 1351

SAM ORLICH AUDITOR LAKE COUNTY

(HH) ILL

(R&A)poabro,ucc

tain

## CORPORATE ACKNOWLEDGMENT

| State of       |                  |                                       | 5  |                   |                  |               |
|----------------|------------------|---------------------------------------|--|-------------------|------------------|---------------|
| County of      | LAKE             |                                       | \$   |                   |                  |               |
| Refor          | re me, the under | signed authority,                     | on this day nen  | Somethy appeared  |                  |               |
| SHIRLEY L.     | HANEY,           |                                       | AGENT  | of BE             | THLEHEM E        | MPLOYEES      |
| FEDERAL C      | REDIT UNION      | , A PEDERALL                          | Y CHARTERI   | D CREDIT UN       | ION, known to    | me to be the  |
|                |                  | bed to the foregoid consideration the |  |                   |                  |               |
|                | aid corporation. | i consideration it                    | icicili expressed  | , in the capacity | mielein grared a | no as the ac  |
|                |                  |                                       | _  |                   |                  |               |
|                | n under my hand  | and seal of offic                     | e on this31  | st_day of         | MARCH            |               |
| 19 <u>97</u> . |                  |                                       | 0  |                   |                  |               |
|                |                  |                                       | -1.  | 3                 | /                |               |
| 11             |                  | Do                                    | CITYCON  | 2 /               | a Celes          | mal           |
|                |                  | /                                     |  |                   |                  | Varant Public |
| ?              | /                | NOT                                   | LINDA C  | . UNDERWOOD       |                  | Notary Public |
|                | Т.               | his Docum                             | ant is the   | nronerty          | of               |               |
| Prepared by:   |                  | al a Tala                             | MY COMM  | ISSION EXPIR      | ES: 4/1/00       |               |
| Robertson &    | Anschutz, P.C.   | the Lake                              | COUNTY   | OF RESIDENCE      | PORTER           |               |
|                | oop South, Suite | 800                                   |  |                   |                  |               |
| (713) 871-960  |                  |                                       |  |                   |                  |               |
|                |                  |                                       |  |                   |                  |               |
| RETURN TO      | n.               |                                       |  |                   |                  |               |
|                |                  | ICE COMPANY                           |  |                   |                  |               |
| 150 LINCOLI    | N SQUARE         |                                       |  |                   |                  |               |
| VALPARAIS      | O, IN 46383      |                                       |  |                   |                  |               |
|                |                  |                                       | THE DER'S  | <u> </u>          |                  |               |
|                |                  | É                                     |  |                   |                  |               |
|                |                  |                                       |  |                   |                  |               |
|                |                  | E                                     |  |                   |                  |               |
|                |                  |                                       | SEAL WOUND   | ritis/            |                  |               |
|                |                  |                                       | The state of the s |                   |                  |               |