Limited Power of Attorney

RECORDING DETAIL INDIANA WHEN RECORDED MAIL TO: HomeSide Lending Inc Attn: Custodial Liaison 7301 Baymeadows Way 2000 053604 | Jacksonville, FL 32256 {Space above this line for recording date} KNOW ALL MEN BY THESE PRESENTS: That FIRST UNITED MORTGAGE CORP! (the "Principal"), with 151 Jollet Dier, IN 46311, constitutes and appoints each and every one of the following seven (7) employees and/or officers of HomeSide Lending Inc ("HomeSide"), its true and lawful attorney-in-fact: Title with HomeSide Lending Inc Officer/Employee

MORRIS W. CARTER FECORDER

place

principle

its

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2000 JUL 31 AM 9:28

Bill Carv Julia Wren Karen Garczynski Julie Jensen Lisa Gretenhardt Karina Litmanovich

Linda English

First Vice President Vice President Vice President Funding Operations Manager

Team Leader Team Leader Vice President

and in its name, place and stead and for its use and benefit, to execute any and all documents for the purpose of assigning, and transferring to HomeSide that certain mortgage, deed of trust, security instrument and note, which note was table funded by HomeSide but closed in Principal's name, including but not limited to executing an assignment of mortgage, deed of trust, or security instrument and/or endorsing a promissory note and/or allonge for the following loan transaction: This Docum

Borrower(s) Name(s):

Address of Property:

HomeSide Loan Number:

The Undersigned gives to said attorney-in-fact full power and authority to execute such instruments as if the undersigned were personally present, hereby ratifying and confirming all that said attorney-in-fact shall lawfully do or cause to be done by authority hereof.

IN WITNESS WHEREOF, this limited power of attorney has been executed this 25 day of July, Year 2000

"Principal" {Space below this line reserved for acknowledgment}

State of

County of

My Commission Expires:

On 7-25-2000, before me, MELISSA E. personally appeared (Notary Name and Title)

personally known to me (or proved to me on 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 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 entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature:

Notary Public, State of Indiana My Commission Expires 05/20/2007

Toun E. Lail Prepare by

Revised 12/6/99

Limited Power of Attorney (Midwest)

Ticor M/O 92000286.0

10.00 AM