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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 112255

2006 DEC 22 PM 3: 54

MICHAEL A. BROWN  
RECORDER

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

→ <sup>LSI</sup> 700 Cherrington Pky  
Covington, PA 15108  
# 2931531

# 27-17-156-110

**POWER OF ATTORNEY AND CORRECTION AGREEMENT**

Granted for a Refinance of the property whose address is 265 North Wisconsin Street Hobart, IN 46342, hereinafter the "Transaction", occurring on or about 11/18/06.

I/We ("Undersigned"), hereby make(s) and appoint(s) and by this Power of Attorney do (es) make, constitute and appoint either Ronna Tate, Debra Schmidt and/or Kim Crofoot as a representative of LSI Title Agency, Inc. (IL), ("Title Insurer"), the true and lawful attorney-in-fact for Undersigned, and in Undersigned's name to complete, execute, sign our names, place our initials on "Closing Documents" related to the above referenced Transaction, and to execute, by the initialization and signature (as required) of any one of the following authorized Title Insurer employee or agents, Danny R. Ragon, Kathy Ragon, \_\_\_\_\_, and \_\_\_\_\_ for the purpose of completing the Closing Documents in the above referenced transaction.

No change of amount, interest or due date will be permitted under this authorization. Closing Documents include but are not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the transaction, including but not limited to governmental and taxing authorities. In addition, in the event of clerical error or mistakes, including but not limited to omissions, spelling, grammatical, typographical and scrivener errors, then in such event Undersigned, hereby gives its consent and grants authority to Title Insurer to correct any omission, misstatement or inaccuracy and execute any new or corrected or completed documents as may be deemed necessary to remedy any omission, inaccuracy or misstatement.

This Power of Attorney is effective unless revoked by Undersigned upon 30 days prior written notice. Further giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. In Witness Whereof, intending to be bound, I have hereto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2006.

Danny R. Ragon  
Danny R. Ragon

**FILED**

Kathy Ragon  
Kathy Ragon

DEC 22 2006

# 043615416

# 1034353

Witness if Required (Sign and Print)

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Witness if Required (Sign and Print)

BW JD

25713A

**POWER OF ATTORNEY AND CORRECTION AGREEMENT**

(Continued)

On this 18th day of November, 2006, before me, the undersigned notary public, personally appeared DANNY R Ragon Kathy Ragon, provided to me through satisfactory evidence of identification, which were DRIVERS LIC, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose

Given under my hand and seal of office this 18th day of Nov., 2006

Johnny P. Castor

Notary Public Name / Seal / Imprint

**Johnny P. Castor**

**Notary Public, Lake County Indiana**

**Commission Expires 9/13/09**



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY: [Signature]