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FILED FOR RECORD

2009 033094

2009 MAY 18 AM 10: 29

Prepared by and  
RECORDING REQUESTED BY  
Ryan Flaherty

MICHAEL A. BROWN  
RECORDER

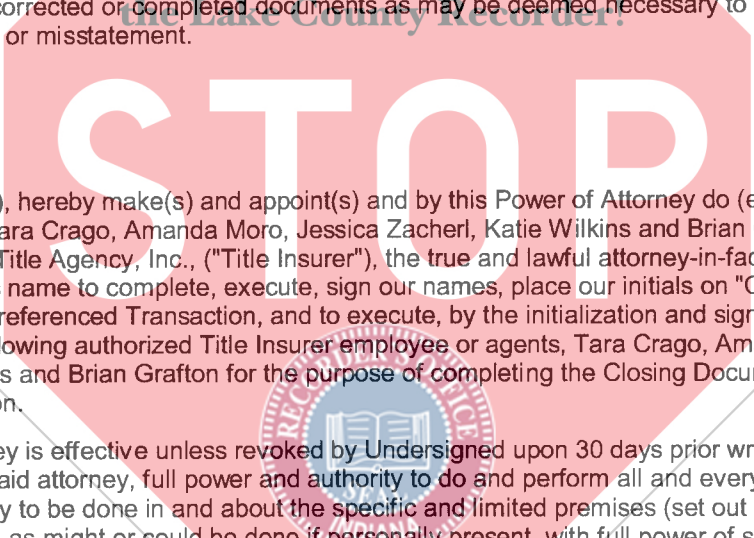
Return To: LSI 5648930

LSI-LPS  
East Recording Solutions  
700 Cherrington Parkway  
Coraopolis, PA 15108

**POWER OF ATTORNEY AND CORRECTION AGREEMENT**

Granted for a Refinance of the property whose address is 5463 E 107th Pl, Crown Point, IN 46307, hereinafter the "Transaction", occurring on or about 03/13/09.

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, which may include but are not limited to the following types of documents: authorizations to obtain payoffs, releases of mortgages and liens; certificates for birth, death and marriage (related to this transaction); communications with lenders and judgment and lien holders to satisfy or subordinate their liens. 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.



I/We ("Undersigned"), hereby make(s) and appoint(s) and by this Power of Attorney do (es) make, constitute and appoint either Tara Crago, Amanda Moro, Jessica Zacherl, Katie Wilkins and Brian Grafton as a representative of LSI Title Agency, Inc., ("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) on any one of the following authorized Title Insurer employee or agents, Tara Crago, Amanda Moro, Jessica Zacherl, Katie Wilkins and Brian Grafton for the purpose of completing the Closing Documents in the above referenced transaction.

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. A photocopy of this form shall be as acceptable as an original. In Witness Whereof, intending to be bound, I have hereto set my hand and seal this 13th day of March, 2009.

**FILED**

MAY 15 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

HFW  
1502  
10489052  
RM

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**POWER OF ATTORNEY AND CORRECTION AGREEMENT**

Borrower Signature: *Darla Przyborski* (Continued)  
DARLA PRZYBORSKI

\_\_\_\_\_  
Witness if Required (Sign and Print) Second Witness if Required(Sign and Print)

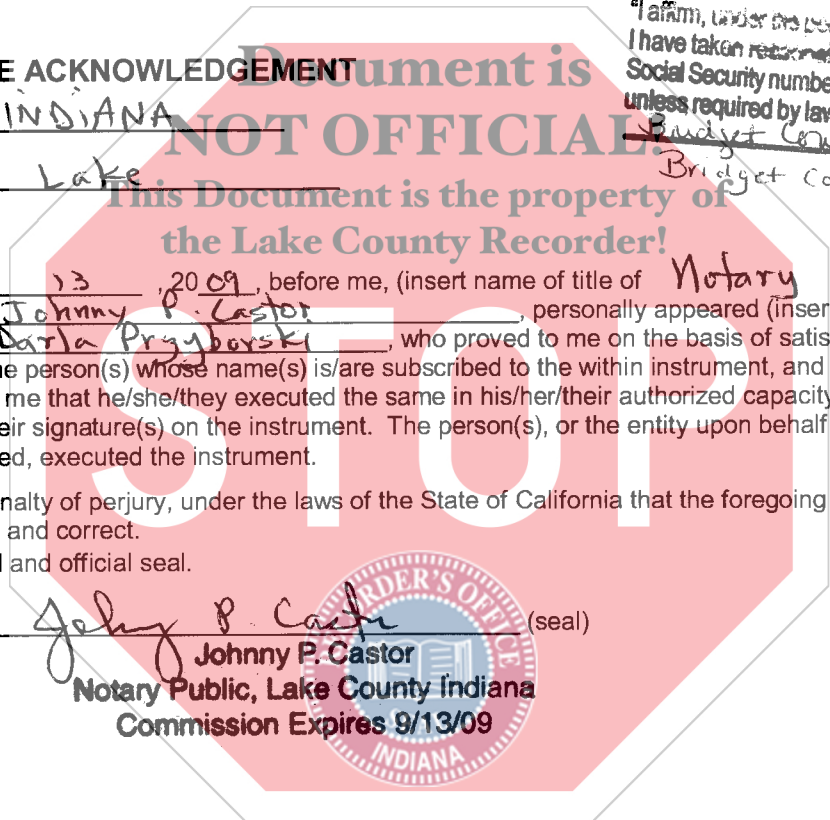
Co Borrower Signature: \_\_\_\_\_

\_\_\_\_\_  
Witness if Required(Sign and Print) Second Witness if Required(Sign and Print)

**ALL PURPOSE ACKNOWLEDGEMENT**

State of INDIANA  
County of Lake

"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."  
Bridget Conto  
Bridget Conto



On March 13, 2009, before me, (insert name of title of officer/notary) Johnny P. Castor, personally appeared (insert name of borrower) Darla Przyborski, who 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.

I certify under penalty of perjury, under the laws of the State of California that the foregoing paragraph is true and correct.  
Witness my hand and official seal.

Signature *Johnny P. Castor* (seal)  
**Johnny P. Castor**  
Notary Public, Lake County Indiana  
Commission Expires 9/13/09

**Jurat**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed), before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, prove to me on the basis of satisfactory evidence to be the person(s), who appeared before me.

Signature \_\_\_\_\_ (seal)

Order ID: 5648930  
Loan No.: 7881066880

**EXHIBIT A  
LEGAL DESCRIPTION**

The following described property:

Lot 119, Trees II, Unit 6, as shown in Plat Book 84, Page 10, in the Office of the Recorder of Lake County, Indiana.

Assessor's Parcel Number: 45-17-06-376-010.000-054

