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MICHAEL J. ZIMAN
RECORDER

Return to:

United Lender Services Corp.
2000 Cliff Mine Road, Suite 610
Park West Two
Pittsburgh, PA 15275

LIMITED POWER OF ATTORNEY

Parcel No. 45-11-34-171-007.000-035

I/We WILLIAM M. CONNOLLY and LINDA J. CONNOLLY Borrower/Co-Borrower of 9595 Villagio Way Saint John, IN 46373-8768, hereby irrevocably appoint United Lender Services, with an address of 2000 Cliff Mine Road, Suite 610, Pittsburgh, PA 15275, or any officer thereof, as my/our true and lawful Attorney-In-Fact with full authority to execute and record in my/our name, place and stead, any and all applications, mortgages, deeds of trust, security instruments, affidavits, certificates, or other documents that I agree to on websigning.com incident to the loan made by ING BANK, FSB to me/us and/or to record the Mortgage, Deed of Trust, or other Security Instrument evidencing the security interest granted by me/us to ING BANK, FSB, or its assignee, in the property which currently has the address of 9595 Villagio Way Saint John, IN 46373-8768, and to do such other things as may be necessary and proper pertaining to the recording of such Mortgage, Deed of Trust, or other Security Instrument. This Limited Power of Attorney shall not terminate or otherwise be affected by our subsequent disability or incapacity.

This Power of Attorney is applicable to Reference/Order Number: 8204776 / 142322261.

I/We hereby ratify and confirm all actions which may be taken by my/our Attorney-In-Fact consistent with this Limited Power of Attorney.

William M. Connolly Dated 12-1-10 Linda J. Connolly Dated 12-1-10
WILLIAM M. CONNOLLY LINDA J. CONNOLLY

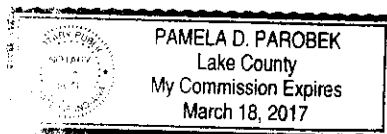
STATE OF INDIANA)
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared WILLIAM M. CONNOLLY and LINDA J. CONNOLLY who acknowledged the execution of the foregoing Instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 1 day of December, 20 10.

**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 _____ (name).

Signature Pamela D. Parobek
Printed PAMELA D. PAROBEK
Resident of Lake County, State: Indiana
My commission expires: 3-18-17
Ind. Code § 36-2-11-15.



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