

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 017060

2011 MAR 23 AM 9:28

MICHELLE R. FAJMAN
RECORDER

Prepared by & Return to:
John Baumbick
United Lender Services Corp.
2000 Cliff Mine Road, Suite 610
Park West Two
Pittsburgh, PA 15275

LIMITED POWER OF ATTORNEY

Parcel No. 45-11-21-253-007,000-036
I/We ROBERT M PERSCHON and KATE R. PERSCHON Borrower/Co-Borrower of 217 Bach Road Schererville, IN 46375, 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 217 Bach Road Schererville, IN 46375, 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: 8144851 / 142314681.

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.

[Signature]
ROBERT M PERSCHON

Dated 11/24/10
[Signature]
KATE R. PERSCHON

Dated 11/24/10

STATE OF INDIANA)
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared ROBERT M PERSCHON and KATE R. PERSCHON 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 24 day of November, 2010.

**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 Sheri L. Anderson (name).

Signature Sheri L. Anderson
Printed Sheri L. Anderson
Resident of Lake County, State: Indiana
My commission expires: 11/29/16 11.00
Ind. Code § 36-2-11-15.

CASH _____ CHARGE _____
CHECK # 802259636 + 802258573
OVERAGE _____
COPY _____
NON-COM _____
CLERK ll

[Handwritten mark]

