2011 018299

eserge e marces

2011 NO 30 ANTH: 07

Water Barrier

Prepared by and after recording mail to:
Michael D. Nardelli
United Lender Services Corp.

2000 Cliff Mine Rd.
Suite 610
PITTSBURGH, PA 15275
(866) 902-7569

Document is

LIMITED POWER OF ATTORNEY

I/we, KENNETH SCOTT VICKERY & BARBARA FVICKERY, of 303 W 127th Ave CROWN POINT, IN 46307 & 303 W 127th Ave CROWN POINT, IN 46307, do hereby irrevocably name Linda Tetzlaw, Carrie Linch, Regina Roby and Chris Kane of United Lender Services Corp., 2000 Cliff Mine Rd. Suite 610 PITTSBURGH, PA 15275 as my true and lawful Attorney-in-Fact. I/we hereby grant Linda Tetzlaw, Carrie Linch, Regina Roby and Chris Kane (hereinafter described as "Attorney-in-Fact") full authority to execute and record in my/our name(s), place and stead, any and all documents, including, but not limited to, applications, Mortgages, Deeds, Deeds of Trust, security instruments, affidavits, certificates or other documents pertaining to the loan(s) made by me/us in favor of ING Bank, FSB, or its assignee(s) to be secured by the parcel of real property commonly known as 303 W 127th Ave CROWN POINT, IN 46307. My Attorney-in-Fact shall be authorized to execute any and all documents which may be necessary to complete the loan(s) from me/us to ING Bank, FSB, including, but not limited to, any transfer or recording documents required by the County of Lake and State of IN. This Limited Power of Attorney shall become effective immediately and shall not terminate or otherwise be affected by our subsequent disability or incapacity.

This Limited Power of Attorney is only applicable to Reference/Order Number 7437, Loan Number 55386502 and shall terminate only upon the recording of the appropriate loan documents and when all post-closing matters are fully accomplished.

| This Limited Power of Attorney is only applicable assignee(s) to be secured by the parcel of real prope 46307, said parcel having been assigned tax/parcel I | rty commonly known as 303 | |
|--|---------------------------|--------------------------------------|
| | | CASH CHARGE CHECK # \$03 3 59 7/3 |
| | | OVERAGE COPY |
| Page 1 of 2 | ۲ | NON - COM |

I/we may revoke this Limited Power of Attorney at any time by providing written notice to my Attorney-in-Fact. However, such revocation shall not be effective as to third parties acting in reliance upon this Limited Power of Attorney if recorded, unless and until the revocation is similarly recorded.

I/we hereby ratify and confirm all actions which have been or may be taken by my/our Attorney-in-Fact which are consistent with the terms of this Limited Power of Attorney. I/we am/are signing this Limited Power of Attorney willingly and as my free and voluntary act for the purposes expressed herein. I am eighteen years of age or older, of sound mind and under no undue constraint or influence.

| KENNETH SCOTT VICKERY, Grantor BULLIANG LICKERY BARBARA J VICKERY, Grantor | Attorney-In-Fact |
|--|---|
| Date: 2-16-26// | |
| Date: | Date: $(2/16/2011)$ |
| STATE OFINCLUDIAL COUNTY OFLUKE | |
| I, a Notary Public, hereby certify that KENNETH SCOTT VIC name is signed to the foregoing instrument, and who is known that, being informed of the contents of this instrument, execute Children (2011) | to me, acknowledged before me on this day details the same voluntarily on the/ day of |
| Given under my hand this the 16 Th day of + Chru | (NY) , 2011. |
| (seal, if any) Official Seal ROSA ERIKA RIOR Resident of Lake Co My commission explidation of the commission explication of the commission of the commission explication of the commission of the commission explication of the commission explication of the commission explication of the commission of the commission explication of the commission of the commis | Signature of notarial officer Los Levil 10.5 Unity, IN Signature of notarial officer Los Levil 10.5 Title (and Rank) 5515/m + Music sur My Commission Expires: 120/2018 Opatible care to reduct each Social Security number in (name) |
| I affirm, under the penalties for perjury, that I have taken reason this document, unless required by law. | pable care to reduct each Social Security number in |
| this document, unless required by law. | (name) |