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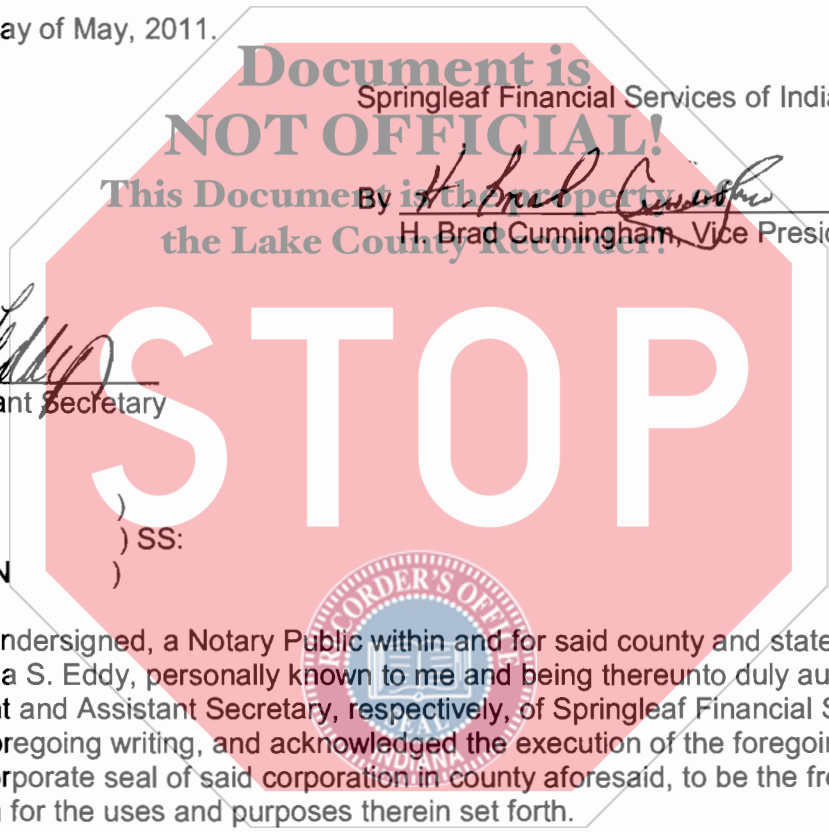
MICHAEL J. SALTMAN
RECORDER

POWER OF ATTORNEY

PORTAGE, IN

The undersigned, Springleaf Financial Services of Indiana, Inc., hereby appoints Daniel C. Lieske, its Attorney-in-Fact with authority (1) to release upon the margin or face of the record, mortgages, judgements, and other record liens, and such release, when attested by the recorder, clerk or other officer having custody of the record of such lien, shall operate as a full discharge and satisfaction of such lien without being attested by the corporate seal of this corporation; and (2) in like manner, to release and discharge mortgages, judgements, and other record liens by a separate written instrument signed by this corporation's name by Daniel C. Lieske as Attorney-in-Fact for this corporation, and to affix the corporate seal of this corporation when required, and such release, when recorded as required by law, shall operate as a full discharge and satisfaction of said lien.

DATED this 2nd day of May, 2011.



Springleaf Financial Services of Indiana, Inc.

By H. Brad Cunningham
H. Brad Cunningham, Vice President

ATTEST:

Pamela S. Eddy
Pamela S. Eddy, Assistant Secretary

STATE OF INDIANA)

) SS:

COUNTY OF JOHNSON)

Before me, the undersigned, a Notary Public within and for said county and state, came H. Brad Cunningham and Pamela S. Eddy, personally known to me and being thereunto duly authorized, whose names as Vice President and Assistant Secretary, respectively, of Springleaf Financial Services of Indiana, Inc., are signed to the foregoing writing, and acknowledged the execution of the foregoing instrument and the affixing thereto of the corporate seal of said corporation in county aforesaid, to be the free, voluntary act and deed of said corporation for the uses and purposes therein set forth.

WITNESS my hand and official seal this 2nd day of May, 2011.

Laura K. Whitaker
Laura K. Whitaker, Notary Public
My Commission Expires: April 29, 2017
Resident of Johnson County, IN

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.

Laura K. Whitaker
Laura K. Whitaker

PREPARED BY: Laura K. Whitaker

AMOUNT \$ 11
CASH _____ CHARGE _____
CHECK # 044423146
OVERAGE _____
COPY _____
NON - COM _____
CLERK AO