

When recorded return to:
Michelle Misner
Weichert Workforce Mobility Inc.
1625 Route 10 East
Morris Plains, NJ 07950



201906140074

06/14/2019 02:12 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

DOCUMENT TITLE(S)

Limited Power of Attorney

CHICAGO TITLE
U20037755

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Kristen David Akre and Laura Jane Akre

Additional names on page _____ of document

GRANTEE(S)

Weichert Workforce Mobility Inc.

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot 20, Parkwood Estates

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P96004/ 4555-000-020-0009

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

File No.: 817034

Customer File No.: 456092-000264

LIMITED POWER OF ATTORNEY**TO TRANSFER SPECIFIC REAL ESTATE DEFINED HEREIN**

The undersigned, residing at 301 Lilac Drive, Mount Vernon, WA 98273 (current address) and being the owner(s) of real property situated in the Town of Mount Vernon and State of WA 98273 known as 301 Lilac Drive and more particularly, described as follows ("Property"):

See Attached Exhibit "A".

do (does) hereby constitute and appoint Weichert Workforce Mobility Inc., its successors and assigns, the true and lawful attorney-in-fact for the undersigned, and in the name, place and stead and on behalf of the undersigned with full power of substitution, to take all action deemed necessary or desirable by said Weichert Workforce Mobility Inc., with respect to the sale of the above -referenced premises to any party, including without limitation said Weichert Workforce Mobility Inc., with full authority to complete or execute on behalf of the undersigned any contracts, deeds, supporting affidavits or other documents related to the transfer of such title, together with all appurtenant interests at such price and on such other terms and conditions as said attorney-in-fact shall deem proper; and do (does) hereby irrevocably grant to said attorney-in-fact the power to do all things with respect to the said premises which the undersigned could do if the undersigned were personally present. This Limited Power of Attorney shall include the right of the attorney-in-fact to receive and dispose of any funds received by it (them) as a refund, repayment of any escrows, and or refund or overpayment of any type, from any lender, or any other person or entity holding any funds belonging to the undersigned which have previously been assigned to said attorney-in-fact, by the undersigned.

This Limited Power of Attorney is given for value received and shall be deemed coupled with an interest and irrevocable; provided, however, that it may not be used for any other purpose not directly connected with the sale or transfer of title or receipt of funds as aforesaid relating to the above-referenced premises. This Limited Power of Attorney shall not be affected by the subsequent disability or incapacity of any principal hereunder

This Limited Power of Attorney may be exercised by any individual duly appointed by said Weichert Workforce Mobility Inc..

IN WITNESS WHEREOF, the undersigned has (have) executed this Limited Power of Attorney this 27 day of April, 2019.

Page 2 Limited Power of Attorney Acknowledgment

X *Kristen David Akre* (L.S.)
Kristen David Akre

▶ *Eric Hoak*
1st Witness signature

▶ Eric Hoak
Printed name of 1st Witness

▶ *Kathleen A Spahr*
2nd Witness signature

▶ Kathleen A Spahr
Printed name of 2nd Witness

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Iowa }
County of Woodbury S.S.

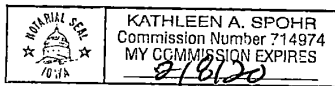
On April 27, 2019 before me, Kristen David Akre
(print notary's name), Notary Public, personally appeared Kristen David Akre, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of Iowa that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

(SEAL)

✓ *Kathleen A Spahr*
Notary Public
My Commission Expires: ✓ 2/6/20



Page 3 Limited Power of Attorney Acknowledgment

X Laura Jane Akre (L.S.)
Laura Jane Akre

▶ Eric Hawk
1st Witness signature

▶ Eric Hawk
Printed name of 1st Witness

▶ Kathleen A Spahr
2nd Witness signature

▶ Kathleen A Spahr
Printed name of 2nd Witness

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Iowa }
County of Woodbury } S.S.

On April 27, 2017 before me, Laura Jane Akre
(print notary's name), Notary Public, personally appeared Laura Jane Akre, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of Iowa that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

(SEAL)

▶ Kathleen A Spahr
Notary Public
My Commission Expires: 1-218/20

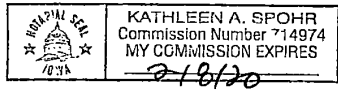


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P96004/ 4555-000-020-0009

Lot 20, PLAT OF PARKWOOD ESTATES OF MOUNT VERNON, according to the plat thereof, recorded in Volume 14 of Plats, pages 176 and 177, records of Skagit County, Washington.

Situated in Skagit County, Washington.