

After Recording, please return to:

Martha A. Brown  
221 Wesmond Drive  
Alexandria, VA 22305  
208326-LT

<b>Document Title(s):</b> Washington Real Estate Power of Attorney
<b>Reference Number(s) of Documents assigned or released:</b> (on page __ of document(s))
<b>Grantor(s):</b> Alisa Kacchele <b>Additional Names on page</b> <b>of document.</b>
<b>Grantee(s):</b> Martha A. Brown <b>Additional Names on page</b> <b>of document.</b>
<b>Abbreviated Legal Description:</b> Unit 2, Bldg. 907, Shoretime Condominium <b>Additional legal is on page</b> <b>of document.</b>
<b>Tax Parcel Number(s):</b> 4838-907-002-0000/P121763

## WASHINGTON REAL ESTATE POWER OF ATTORNEY

I, Alisa Kaechele [Full Name], of 54 Vaihender Strasse  
[Street Address] in the City of Stuttgart, State of Baden-Wurtte  
(the "Principal") hereby appoint Martha A. Brown [Full Name], of  
221 Wesmond Dr [Street Address] in the City of  
Alexandria, State of Virginia (the "Agent") to act on my  
behalf for the purpose set forth in Article I below:

### Article I. Assignment of Authority

Initial and Check (✓) the applicable powers

- **Sale of Real Estate:** My agent is authorized to act on my behalf for the purpose of selling the lands and premises located at \_\_\_\_\_ and with a legal description of \_\_\_\_\_. My agent is authorized to perform any and all acts related to such sale, including, but not limited to, executing, modifying and delivering any and all documents necessary to complete the transaction as well as accepting the closing proceeds for deposit into my account which has been previously disclosed to my agent.

ASK  - **Purchase of Real Estate:** My agent is authorized to act on my behalf for the purpose of purchasing the lands and premises located at 907 77th St Unit 2 Anacortes WA 98221 and with a legal description of See attached legal description Exhibit A. My agent is authorized to perform any and all acts related to such purchase, including, but not limited to the financing and mortgaging of the property. My agent is authorized to execute, modify and deliver any documents necessary to complete the financing and purchase of the property as well as to withdraw and disburse funds necessary for the closing from my account which I have previously disclosed to my agent.

- **Management of Real Estate:** My agent is authorized to act on my behalf for the purpose of managing the premises located at \_\_\_\_\_ and with a legal description of \_\_\_\_\_. My agent is authorized to perform all acts related to maintaining the property such as but not limited to: making repairs (with reimbursement), approving sub-contractors for work, negotiating rents, signing lease/sublease agreements, evicting tenants and any other representation as needed for day-to-day management.

- **Refinancing:** My agent is authorized to act on my behalf for the purpose of refinancing my debts, including, but not limited to any debts secured by a mortgage on the lands and premises located at \_\_\_\_\_ and with a legal description of \_\_\_\_\_. My agent is authorized to perform any and all acts related to such refinancing, including but not limited to, modifying, executing and delivering any and all documents necessary to complete the refinancing as well as to withdraw and disburse funds necessary to complete the refinancing from my account which I have previously disclosed to my agent.

## Article II. Durable Power of Attorney

This power of attorney shall not be affected by the Principal's subsequent disability or incapacity unless otherwise stated in Article III(b).

## Article III. Term

(Initial and Check the Applicable Term):

- a. ASK  - This power of attorney is effective as of the date hereof and shall terminate upon revocation or automatically on the 25 day of July, 2024.
- b.  - (**Non-Durable Option**) This power of attorney is effective as of the date hereof and shall terminate upon my incapacity, or death, or revocation.
- c.  - This power of attorney is effective as of the date hereof and shall terminate upon my death or revocation.

## Article IV. Ratification

I, the Principal, grant to my Agent full power and authority to perform all acts on my behalf as I could do if personally present, hereby ratifying and confirming all that my Agent may do pursuant to this power.


## Article V. Governing Law

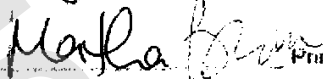
This Note shall be governed by, and construed in accordance with, the laws of the State of Washington.

**Article VI. Revocation**

I, the Principal, hereby revoke any existing powers of attorney that may have previously been granted by me relative to the above described property

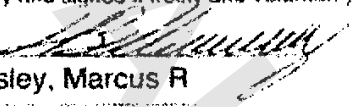
In witness whereof, I have executed this instrument this 19 day of August 2023

Principal's Signature  Print Name Kaechele, Alisa

Agent's Signature  Print Name Martha Brown

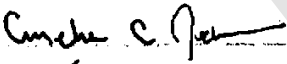
**Affirmation by Witness 1**

I, Billingsley, Marcus R. witnessed the execution of this Power of Attorney by the Principal, and I affirm that the Principal appeared to me to be of sound mind, was not under duress, and the Principal affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature   
Print Name Billingsley, Marcus R

**Affirmation by Witness 2**

I, Anche C. Jordan witnessed the execution of this Power of Attorney by the Principal, and I affirm that the Principal appeared to me to be of sound mind, was not under duress, and the Principal affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 2 Signature   
Print Name Anche C Jordan

**NOTARY ACKNOWLEDGMENT**

STATE OF VIRGINIA  
FAIRFAX County, ss.

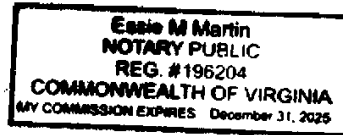
On this 19 day of August, 2023, before me appeared

ALISA KAACHEL, as the Principal who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Essie M. Martin

Notary Public

Print Name: Essie M Martin My commission expires: 12/31/2025



**Acceptance by Agent**

The undersigned Agent acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment as agent; (B) understand the duties under the Power of Attorney and under the law.

Agent's Signature Martha Brown Print Name Martha Brown

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Parcel Number: 4838-907-002-0000/P121763

Unit 2, Building 907, "SHORETIME CONDOMINIUM," according to the Declaration thereof, recorded June 19, 2004, under Auditor's File No. 200406290182, and the Map and Survey Plans recorded June 29, 2004, under Auditor's File No. 200406290181, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.