

POWER OF ATTORNEY FORM

(PURSUANT TO AS 13.26.332)

THE POWERS GRANTED FROM THE PRINCIPAL TO THE AGENT OR ATTORNEYS-IN-FACT IN THE FOLLOWING DOCUMENT ARE VERY BROAD. THEY MAY INCLUDE THE POWER TO DISPOSE, SELL, CONVEY, AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY. ACCORDINGLY, THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL CONSIDERATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD SEEK COMPETENT LEGAL ADVICE.

I. APPOINTMENT OF AGENT

This Power of Attorney is made on the _____ day of _____, 20____.

I, _____ (Principal), with a mailing address of:

hereby appoint _____ (Agent), with a mailing address of:

as my attorney-in-fact (Agent) to act for me in any lawful way with respect to the following initialed subjects:

II. GRANT OF AUTHORITY

TO GRANT ALL OF THE FOLLOWING POWERS, MARK THE BOX LABELED "N" AND IGNORE THE REST. TO GRANT ONE OR MORE, BUT FEWER THAN ALL POWERS, MARK THE BOX FOR EACH POWER YOU WISH TO GRANT.

- ☐ (A) Real estate transactions.
- ☐ (B) Tangible personal property transactions.
- ☐ (C) Stock and bond transactions.
- ☐ (D) Commodity and option transactions.
- ☐ (E) Banking and other financial institution transactions.
- ☐ (F) Business operating transactions.
- ☐ (G) Insurance and annuity transactions.
- ☐ (H) Estate, trust, and other beneficiary transactions.
- ☐ (I) Claims and litigation.
- ☐ (J) Personal and family maintenance.
- ☐ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or military service.

- ☐ (L) Retirement plan transactions.
- ☐ (M) Tax matters.
- ☐ (N) ALL OF THE POWERS LISTED ABOVE.

III. SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT:

IV. DURATION OF POWER OF ATTORNEY

This Power of Attorney shall be construed as follows (Check one):

- ☐ **DURABLE POWER OF ATTORNEY.** This Power of Attorney shall not be affected by my subsequent disability or incompetence.
- ☐ **NON-DURABLE POWER OF ATTORNEY.** This Power of Attorney shall become invalid upon my disability or incompetence.

V. EFFECTIVE DATE

This Power of Attorney shall become effective (Check one):

☐ Immediately upon the date of execution.

☐ On the ____ day of _____, 20____.

☐ Upon the written certification by a physician that I am incapacitated or no longer able to manage my own affairs.

VI. DESIGNATION OF ALTERNATE AGENT

If the Agent named in Section I is unable or unwilling to serve, I appoint the following person as my Alternate Agent:

Name of Alternate Agent: _____

Address of Alternate Agent:

VII. REVOCATION OF PRIOR POWERS

I hereby revoke all Powers of Attorney previously made by me. This Power of Attorney does not revoke any Power of Attorney for Health Care or Advance Health Care Directive unless specifically stated in the Special Instructions section above.

VIII. RELIANCE BY THIRD PARTIES

Any third party who receives a copy of this document may rely on it. Revocation of this Power of Attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

IX. GOVERNING LAW

This Power of Attorney shall be governed by the laws of the State of Alaska, specifically Alaska Statutes Title 13, Chapter 26.

X. SIGNATURE OF PRINCIPAL

I sign my name to this Power of Attorney on the date listed below.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

XI. NOTARY ACKNOWLEDGMENT

STATE OF ALASKA

JUDICIAL DISTRICT OF _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (Name of Principal), known to me (or 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.

WITNESS my hand and official seal.

Signature of Notary Public: _____

Date: _____ day of _____, 20____

Print Name: _____

(Seal)

My Commission Expires: _____ day of _____, 20____

XII. TRANSLATION OF STATUTORY POWERS

(Pursuant to AS 13.26.335, the powers granted above correspond to the following statutory definitions)

1. **Real Estate Transactions:** The agent may buy, sell, lease, mortgage, and manage real property.
2. **Tangible Personal Property:** The agent may buy, sell, lease, and manage personal property (e.g., vehicles, furniture).
3. **Stock and Bond Transactions:** The agent may buy and sell stocks, bonds, and mutual funds.
4. **Commodity and Option Transactions:** The agent may engage in option and commodity trading.
5. **Banking:** The agent may open/close accounts, write checks, and access safe deposit boxes.
6. **Business Operations:** The agent may manage, operate, or sell a business owned by the principal.
7. **Insurance:** The agent may purchase, maintain, or terminate insurance policies.
8. **Estates and Trusts:** The agent may act for the principal in matters regarding trusts, probate, or fiduciary interests.
9. **Claims and Litigation:** The agent may sue, defend, or settle legal claims.
10. **Personal and Family Maintenance:** The agent may pay for the living expenses of the

principal and their family.

11. **Government Benefits:** The agent may apply for and manage Social Security, Medicare, and other benefits.

12. **Retirement Plans:** The agent may manage IRAs, 401(k)s, and other retirement accounts.

13. **Tax Matters:** The agent may prepare and file tax returns and represent the principal before tax authorities.