

**GENERAL POWER OF ATTORNEY**

**THE POWERS GRANTED FROM THE PRINCIPAL TO THE AGENT OR AGENTS 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 ADVICE.**

YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

Pursuant to A.S. 13.26.600, 13.26.625 – 13.26.640, and 13.26.655 – 13.26.695, I, \_\_\_\_\_ of \_\_\_\_\_, do hereby appoint \_\_\_\_\_ of \_\_\_\_\_, my agent to act as indicated below in my name, place, and stead in any way which I myself could do, if I were reasonably present, with respect to the following matters, as each of them is defined in A.S. 13.26.655, to the full extent that I am permitted by law to act through an agent:

**MARK THE BOXES BELOW TO INDICATE THE POWERS YOU WANT TO GIVE YOUR AGENT OR AGENTS. MARK THE BOX FOR "YES" THAT IS OPPOSITE A CATEGORY BELOW TO GIVE YOUR AGENT OR AGENTS THE POWER IN THAT CATEGORY. IF YOU DO NOT MARK A BOX OPPOSITE A CATEGORY, YOUR AGENT OR AGENTS WILL NOT HAVE THE POWER IN THAT CATEGORY.**

- |  | <b><u>YES</u></b> |
|--|-------------------|
| (A) real estate transactions   | (____)            |
| (B) transactions involving intangible personal property, chattels, and goods | (____)            |
| (C) bonds, shares and commodities transactions                               | (____)            |
| (D) banking transactions   | (____)            |
| (E) business operating transactions  | (____)            |
| (F) insurance transactions   | (____)            |
| (G) estate transactions  | (____)            |
| (H) retirement plans   | (____)            |
| (I) claims and litigation  | (____)            |

\_\_\_\_\_  
initials

- (J) personal relationships and affairs (\_\_\_\_\_)
- (K) benefits from government programs and civil or military service (\_\_\_\_\_)
- (L) health care services including disclosure of and access to medical information in accordance with HIPAA; (\_\_\_\_\_)
- (M) records, reports, and statements (\_\_\_\_\_)
- (N) voter registration and absentee ballot requests (\_\_\_\_\_)
- (O) all other matters, including those specified as follows:  
 \_\_\_\_\_ (\_\_\_\_\_)
   
 \_\_\_\_\_ (\_\_\_\_\_)

**GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

**The agent or agents you have appointed WILL NOT have the power to do any of the following acts UNLESS you MARK the box opposite that category:**

- create, amend, revoke or terminate an inter vivos trust;
- make a gift, subject to the limitations of AS 13.26.655(q) and any special instructions in this power of attorney;
- create or change a beneficiary designation;
- revoke a transfer on death deed made under AS 13.48;
- create or change rights of survivorship;
- delegate authority granted under the power of attorney;
- waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan;
- exercise fiduciary powers that the principal has authority to delegate.

**TO INDICATE WHEN THIS DOCUMENT SHALL BECOME EFFECTIVE, MARK ONE OF THE FOLLOWING:**

- (\_\_\_\_) This document shall become effective upon the date of my signature.
- (\_\_\_\_) This document shall become effective upon the date of my incapacity and shall not otherwise be affected by my incapacity. **I understand that my incapacity can only be established by the signed affidavit of one or two physicians pursuant to Alaska Statute 13.26.680. I direct my agent to review this statute and seek legal advice, as needed.**

**IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE ON THE DATE OF YOUR SIGNATURE, MARK ONE OF THE FOLLOWING:**

- (\_\_\_\_) This document shall not be affected by my subsequent incapacity.
- (\_\_\_\_) This document shall be revoked by my subsequent incapacity.

**IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE UPON THE DATE OF YOUR SIGNATURE AND WANT TO LIMIT THE TERM OF THIS DOCUMENT, COMPLETE THE FOLLOWING:**

This document shall continue in effect until it is revoked in writing.

**NOTICE OF REVOCATION OF THE POWERS GRANTED IN THIS DOCUMENT**

You may revoke one or more of the powers granted in this document. Unless otherwise provided in this document, you may revoke a specific power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document that you want to revoke. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney.

**NOTICE TO THIRD PARTIES**

A third party who relies on the reasonable representations of an agent as to a matter relating to a power granted by a properly executed statutory form power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the agent to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the agent, the principal's heirs, assigns, or estate for a civil penalty, plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective

upon the incapacity of the principal, the incapacity of the principal is established by an affidavit, as required by law.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
\_\_\_\_\_(printed name)

STATE OF ALASKA                    )  
  ) ss  
FOURTH JUDICIAL DISTRICT    )

THIS IS TO CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me, the undersigned Notary Public in and for the State of Alaska, duly commissioned and sworn, personally appeared \_\_\_\_\_, to me known to be the identical person mentioned in and who executed the within and foregoing GENERAL POWER OF ATTORNEY, and he/she acknowledged to me that he/she signed said instrument as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official notarial seal on the day, month and year in this certificate first above written.

\_\_\_\_\_  
Notary Public in and for Alaska  
My Commission Expires:\_\_\_\_\_

(SEAL)