

# ALASKA LIMITED (SPECIAL) POWER OF ATTORNEY

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The powers granted from the principal to the agent or agents in the following document 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.

**Section 1. Pursuant to A.S.13.26.600, 13.26.625-13.26.640, 13.26.655-23.26.695,**

I, \_\_\_\_\_ [Principal name] of \_\_\_\_\_  
[Address] do hereby appoint \_\_\_\_\_ [Agent name],  
\_\_\_\_\_ [Address] and \_\_\_\_\_ [Optional  
co-agent name], \_\_\_\_\_ [Address], my agent(s) to act as I  
have checked below in my name, place and stead in any way which I myself could do, if I were personally  
present, with respect to the following matters to the full extent that I am permitted by law to act through an  
agent.

(Check if applicable. Strike out if not.)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given  
or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and  
authority granted under said power of attorney is hereby revoked and withdrawn.

**Section 2.** The agent or agents you have appointed will have all the powers listed below.

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**Section 3. If you have appointed more than one agent, check one of the following:**

- Each agent may exercise the powers conferred separately, without the consent of any other agent.
- All agents shall exercise the powers conferred jointly, with the consent of all other agents.

**DURABLE POWER OF ATTORNEY OPTIONS**

(Sections 4, 5 and 6 allow you to choose whether or not you want this to be a durable power of attorney and when you want it to go into effect.)

**Section 4. To indicate when this document shall become effective, check 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.
- This document shall become effective on \_\_\_\_\_, 20\_\_\_\_\_.
- Other: \_\_\_\_\_

**Section 5. If you have indicated that this document shall become effective on the date of your signature check one of the following:**

- DURABLE Power of Attorney. This document shall not be affected by my subsequent incapacity.
- REGULAR Power of Attorney. This document shall be revoked by my subsequent incapacity.

*If you want this to be a durable power of attorney, do not limit the term of this document in Section 6.*

**Section 6. 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 only continue in effect for \_\_\_\_\_ years from the date of my signature.

**Section 7. 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.



**Additional Provisions**

**Section 8. If you have given an agent authority regarding health care services, complete the following:** (Check one)

- I have executed a separate declaration under AS 13.52 known as an "Alaska Advance Health Care Directive."
- I have NOT executed an "Alaska Advance Health Care Directive."

**Section 9. You may designate an alternate attorney-in-fact. Any alternate you designate will be able to exercise the same powers as the agent(s) you named at the beginning of this document. If you wish to designate an alternate or alternates, complete the following:**

If the agent(s) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

First alternate or successor attorney-in-fact \_\_\_\_\_ [Name],  
\_\_\_\_\_ [Address]

Second alternate or successor attorney-in-fact \_\_\_\_\_ [Name],  
\_\_\_\_\_ [Address]

**Section 10. Notice to Third Parties**

A third party who relies on the reasonable representations of an attorney-in-fact as to a matter relating to a power granted by a properly executed statutory power of attorney does not incur any liability to the principal or to the principals heirs, assigns, or estate as a result of permitting the attorney-in-fact 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 attorney-in-fact, the principal's heirs, assigns, or estate for 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 disability of the principal, the disability of the principal is established by an affidavit, as required by law.

In Witness Whereof, I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of principal)



STATE OF ALASKA )

) ss.

\_\_\_\_\_ JUDICIAL DISTRICT )

Acknowledged before me at \_\_\_\_\_ on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Serial number, if any; date commission expires.

\_\_\_\_\_

Signature of officer or notary.



**AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S  
AUTHORITY**

State of Alaska

County of \_\_\_\_\_

I, \_\_\_\_\_ (Name of Agent), certify under penalty of perjury that  
\_\_\_\_\_ (Name of Principal) granted me authority as an agent or successor agent  
in a power of attorney dated \_\_\_\_\_.

I, further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) \_\_\_\_\_  
\_\_\_\_\_ (Insert other relevant statements)

**SIGNATURE AND ACKNOWLEDGMENT OF AGENT**

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name Printed: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ (Date),  
\_\_\_\_\_ (Name of Agent).

Signature of Notary \_\_\_\_\_

(Seal, if any)

My commission expires: \_\_\_\_\_

This document prepared by: \_\_\_\_\_



**TRANSLATION CLAUSE (if needed)**

I certify that I have translated the provisions of the foregoing *Power of Attorney* from the English language to the \_\_\_\_\_ language to the best of my ability.

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Translator

