

# 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, and the power to make your health care decisions. 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.13.26.338 - 13.26.353,

I, \_\_\_\_\_, of \_\_\_\_\_, do hereby appoint  
(Name of principal) (Address of principal)

\_\_\_\_\_ as  
(Name and address of agent or agents)

my attorney(s)-in-fact 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, as each of them is defined in AS 13.26.344, to the full extent that I am permitted by law to act through an agent:

**Section 2.** The agent or agents you have appointed will have all the powers listed below **UNLESS** you draw a line through a category; **AND** initial the space before that category.

- (A) Real estate transactions
- (B) Transactions involving tangible 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) Gift transactions
- (I) Claims and litigation
- (J) Personal relationships and affairs
- (K) Benefits from government programs and military service
- (L) (repealed)
- (M) Records, reports, and statements
- (N) Delegation
- (O) All other matters, including those specified as follows:

## 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 disability and shall not otherwise be affected by my disability.

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

- This document shall not be affected by my subsequent disability.
- This document shall be revoked by my subsequent disability.

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:**

- 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 and address of alternate)

Second alternate or successor attorney-in-fact \_\_\_\_\_  
(Name and address of alternate)

