

**LIMITED POWER OF ATTORNEY**

KNOW ALL MEN BY THE PRESENTS: That

\_\_\_\_\_  
whose mailing address is: \_\_\_\_\_  
has made, constituted and appointed, and by these presents does make constitute, and appoint

\_\_\_\_\_  
whose mailing address is: \_\_\_\_\_  
his/her true and lawful attorney for him/her and in his/her name, place and stead, and for his/her  
use and benefit regarding the following described real property:

Lot \_\_\_\_\_, Block \_\_\_\_\_, \_\_\_\_\_, according to Plat No. \_\_\_\_\_,  
located in the \_\_\_\_\_ Recording District, Third Judicial District, State of Alaska,

GIVING and GRANTING unto him/her said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intent and purposes as he might or could do if personally present, including but not limited to contract, agree for, purchase, receive and convey lands, tenements, hereditaments; convey, mortgage, hypothecate, bargain, sell or sign any document for or related to said property. Also for him/her and in his/her name, and as his/her act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignment of leases, covenants, agreements, mortgages, hypothecations, bills, bonds, notes, receipts, evidences of debt, releases and satisfaction of mortgage, judgment and other debts, and such other instruments in writing, of what so ever kind or nature, as may be necessary or proper in the premises.

This Power of Attorney is effective as of the date of my signature and shall expire and terminate on: \_\_\_\_\_

CHECK ONE OF THE FOLLOWING:

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

**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.

IN WITNESS WHEREOF, I have hereunto signed my name this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

STATE OF ALASKA )  
 ) ss.  
\_\_\_\_\_ JUDICIAL DISTRICT )

THIS IS TO CERTIFY that on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me and to me know to be the individual described in and who executed the foregoing instrument and he/she acknowledged to me that he/she signed the same freely and voluntarily for the uses and purposes therein set forth.

WITNESS my hand and official seal.

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