

Alaska Limited Power of Attorney

Pursuant to Title 13, Chapter 26

BE IT ACKNOWLEDGED that I, _____,
Full Name of Principal

_____, the undersigned, do hereby grant a limited and
social security number

specific power of attorney to _____
Full Name

of _____
Address

as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this _____ day of _____, 20_____.

Principal's Signature

State of Alaska _____)

§

County of _____)

On this _____ day of _____, in the year 20____, before me
_____, a notary public, personally appeared

_____, proved on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same.

Witness my hand and official seal.

