Prepared by:	
After Recording, Return to:	
(Full Name of Party)	
(Company, if applicable)	
(Street Address)	
(City, State and Zip Code)	
Record in the following Recording District(s):	
(Agent  THE POWERS GRANTED FROM TH	ESTATE TRANSACTION for Seller) TE PRINCIPAL TO THE AGENT, AND WING DOCUMENT ARE VERY BROAD.
YOUR REAL PROPERTY. ACCORDING SHOULD ONLY BE USED AFTER CAREFUL QUESTIONS ABOUT THIS DOCUMENT	POSE, SELL, CONVEY, AND ENCUMBER NGLY, THE FOLLOWING DOCUMENT FUL CONSIDERATION. IF YOU HAVE ANY NT, YOU SHOULD SEEK COMPETENT ECIAL POWER OF ATTORNEY AT ANY
STATE OF ALASKA, RECOR	DING DISTRICT
KNOW ALL MEN BY THESE PRESENT, TH	[AT I, (Name of Principal)
whose address is	et Address, City, State, Zip Code)
•	ΓΤΟRNEY, hereby appoint,
account to concente a or a contact to the contact of the	of ,
(Name of Agent)	(Street Address), as my Attorney-in-Fact
(City, Recording District/County, State	
to act as follows, GRANTING unto my Attorne	y-in-Fact full power to:

	n the sale of the property described below, (address), with full
commonly known as power and authority for me and in my na	me to execute any and all documents necessary
to effect the sale, conveyance and settleme	ent on said property to any person or persons of
	o, deeds, checks, receipts, releases, warranties,
	statements, loan commitments and disclosure
	l forms of commercial papers, endorsements to strument or instruments in writing of whatever
	necessary to complete the sale, financing
arrangements, and the settlement process.	
FURTHER GRANTING full power and	authority to collect and receive any funds or
proceeds of said sale in any manner which	, in his sole discretion, he sees fit.
The legal description of the property is as follows	, to-wit:
See legal description attached hereto as Exhib	oit A and incorporated herein for all purposes.
Legal Description:	
I hereby ratify and confirm all that said attorney- virtue of this Power of Attorney and the rights and	· · · · · · · · · · · · · · · · · · ·
All acts done by means of this power shall be	e done in my name, and all instruments and
documents executed by my Attorney hereunder s	
attorney and the description "Attorney-in-Fact", practice differs from the procedure set forth herei	
This SPECIAL POWER OF ATTORNEY shall	be valid and may be relied upon by any third
parties until such time as any revocation is reco	1 0
DATED:	
	Cignotons of Driverical
	Signature of Principal
	Type/Print Name
	I Y DC/ FIIIIL INdille

STATE OF ALASKA }	
JUDICIAL DISTRICT }	
The foregoing instrument was acknowledged before	ore me on the day of
20 by	, an unmarried man.
	My Commission Expires:
Principal – Name and Address:	Attorney-in-Fact – Name and Address:
(Complete Name of Principal)	(Complete Name of Agent/Attorney-in-Fact)
(Street Address)	(Street Address)
(City, Recording District/County, State, Zip Code)	(City, Recording District/County, State, Zip Code)
(Telephone number, including area code)	(Telephone number, including area code)

## EXHIBIT A

Principal:	
Agent:	
Legal Description:	