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):	
FOR CLOSING REAL I (Agent fo	R OF ATTORNEY ESTATE TRANSACTION  r Purchaser)  IE PRINCIPAL TO THE AGENT, AND WING DOCUMENT ARE VERY BROAD. POSE, SELL, CONVEY, AND ENCUMBER
YOUR REAL PROPERTY. ACCORDING SHOULD ONLY BE USED AFTER CAREFUL QUESTIONS ABOUT THIS DOCUMENT	NGLY, THE FOLLOWING DOCUMENT FUL CONSIDERATION. IF YOU HAVE ANY NT, YOU SHOULD SEEK COMPETENT PECIAL POWER OF ATTORNEY AT ANY
STATE OF ALASKA, RECOR	DING DISTRICT
KNOW ALL MEN BY THESE PRESENT, TH	IAT I, (Name of Principal)
whose address is	,
·	et Address, City, State, Zip Code)
	TTORNEY, hereby appoint,
(Name of Agent)	of, (Street Address)
	, as my Attorney-in-Fact
(City, Recording District/County, State	, Zip Code)
to act as follows, GRANTING unto my Attorne	y-in-Fact full power to:

To do all things necessary to close on the purchase of the property described below, commonly known as
FURTHER GRANTING full power and authority to pay any funds for the purchase and the execution of any and all documents in connection therewith, including, but not limited to notes, deeds of trust or mortgages.
The legal description of the property is as follows, to-wit:
See legal description attached hereto as Exhibit A and incorporated herein for all purposes.  Legal Description:
hereby ratify and confirm all that said attorney-in-fact shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.
All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney hereunder shall contain my name, followed by that of my attorney and the description "Attorney-in-Fact", excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed.
This SPECIAL POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until such time as any revocation is recorded in the recorder's office of the recording district initially set forth above.
DATED:
Signature of Principal
Type/Print Name

STATE OF ALASKA }	
JUDICIAL DISTRICT }	
The foregoing instrument was acknowledged befo	ore me on the day of
20by	,, an unmarried man.
	Notary Public for Alaska My Commission Expires:
	, <u> </u>
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:	