

CITY AND BOROUGH OF JUNEAU TAX FORECLOSURE SALE

GENERAL POWER OF ATTORNEY

The following special power of attorney must be submitted if you cannot be present at the outcry auction on August 16, 2017.

*Your agent(s) **must attend the sale**, and must **present a copy of this notarized special power of attorney** and have at least **one piece of photo identification**, at the time your bid is announced as the winning bid.*

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. 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.

Pursuant to [AS 13.26.600](#), [13.26.625--13.26.640](#), and [13.26.655-13.26.695](#),
I, _____ (**Print Name of principal**), of _____
_____ (**Address of principal**), being 18
years of age or older and free of any delinquent property taxes, do hereby appoint

_____ (**Name and address of agent or agents**), my
agent(s) to act as indicated 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 13.26.665](#), to the full extent that I am permitted by
law to act through an agent:

(A) real estate transactions **YES**
()

TO INDICATE WHEN THIS DOCUMENT SHALL BECOME EFFECTIVE, MARK ONE OF THE FOLLOWING:

() This document shall become effective upon the date of my signature.

IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE ON THE DATE OF YOUR SIGNATURE, MARK ONE OF THE FOLLOWING:

() This document shall not be affected by my subsequent incapacity.

() This document shall be revoked by my subsequent incapacity.

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 _____ () year/month/day from the date of my signature.

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.

NOTICE TO THIRD PARTIES

A third party who relies on the reasonable representations of an agent as to a matter relating to a power granted by a properly executed statutory form power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the agent to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the agent, the principal's heirs, assigns, or estate for a civil penalty, plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the incapacity of the principal, the incapacity of the principal is established by an affidavit, as required by law.

IN WITNESS WHEREOF, I have hereunto signed my name this _____ day of _____,(month) _____(year).

.....
Signature of Principal

ACKNOWLEDGMENT

STATE OF ALASKA)
) ss
_____ JUDICIAL DISTRICT)

THIS IS TO CERTIFY that on this _____ day of _____, 2017, before me, the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and sworn, personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that he/she signed the same freely and voluntarily for the uses and purposes therein mentioned.

WITNESS my hand and notarial seal on the day and year in this certificate first herein above written.

Notary Public in and for the State of Alaska
My commission expires: _____