

mtc S4474 - ms
STATUTORY POWER OF ATTORNEY

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 AND THE POWER TO MAKE YOUR HEALTH CARE DECISIONS. ACCORDINGLY, THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL CONSIDERATION. IF YOU HAVE QUESTIONS ABOUT THIS STATUTORY POWER OF ATTORNEY, YOU SHOULD SEEK COMPETENT ADVICE. YOU MAY REVOKE THIS STATUTORY POWER OF ATTORNEY AT ANY TIME.

Pursuant to AS 13.26.338 - 13.26.353, I Violet D. DANIELS

whose address is 3967 DEFIANCE ST ANCHORAGE, ALASKA 99504, do hereby appoint

CERRILL L. AVANT, as my attorney(s) in-fact to act in my name, as I have checked below, place and stead, and 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 13.26.344, to the full extent that I am permitted by law to act through an agent:

THE AGENT(S) YOU HAVE APPOINTED WILL HAVE ALL OF THE POWERS LISTED BELOW UNLESS YOU DRAW A LINE THROUGH A CATEGORY AND INITIAL THE BOX OPPOSITE THAT CATEGORY:

- | | |
|--|-------------------------------------|
| (A) Real estate transactions. | <input checked="" type="checkbox"/> |
| (B) Transactions involving tangible, personal property, chattels, and goods. | <input type="checkbox"/> |
| (C) Bonds, shares, and commodities transactions. | <input type="checkbox"/> |
| (D) Banking transactions. | <input type="checkbox"/> |
| (E) Business operating transactions. | <input type="checkbox"/> |
| (F) Insurance transactions. | <input type="checkbox"/> |
| (G) Estate transactions. | <input type="checkbox"/> |
| (H) Gift transactions. | <input type="checkbox"/> |
| (I) Claims and litigation. | <input type="checkbox"/> |
| (J) Personal relationships and affairs. | <input type="checkbox"/> |
| (K) Benefits from government programs and military services. | <input type="checkbox"/> |
| (L) Health care services. | <input type="checkbox"/> |
| (M) Records, reports, and statements. | <input type="checkbox"/> |
| (N) Delegation. | <input type="checkbox"/> |
| (O) All other matters, including those specified as follows: | <input type="checkbox"/> |

IF YOU HAVE APPOINTED MORE THAN ONE AGENT, CHECK ONE OF THE FOLLOWING:

- () Each Agent may exercise the powers conferred separately without the consent of any other agent.
 () All Agents shall exercise the powers conferred jointly with the consent of all other agents.

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

- ☒ This document shall become effective upon the date of my signature.
 () This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability.

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

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

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 _____ [] years [6] months 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 proved in this document, you may revoke a specific power granted in this Statutory Power of Attorney by completing a Specific 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 of the powers granted in this Statutory Power of Attorney by completing a subsequent Power of Attorney.

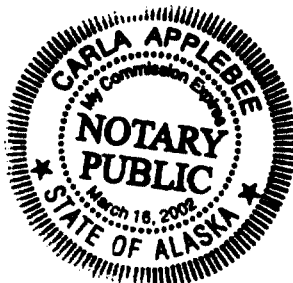
NOTICE TO THIRD PARTIES

A third party who relies on the reasonable representations of an attorney-in-fact as to the matter relating to a power granted by a properly executed Statutory 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 attorney-in-fact 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 attorney-in-fact, 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 disability of the principal, the disability of the principal is established by an affidavit as required by law.

IN WITNESS WHEREOF, I have hereunto signed my name on this 15th day of June, 2001.

Therese O. Samuels
 (Principal)

SUBSCRIBED and sworn to or affirmed before me at NATIONAL BANK OF ALASKA
 on this 15th day of JUNE, 2001.



Carla Applebee
 Notary Public in the State of Alaska

My Commission Expires: 03-16-02