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AFTER RECORDING RETURN TO:

Jorlyn L. Tiemessen PO Box 241534 Anchorage AK 99524 SC 2- 32406 Document Title(s): Power of Attorney Reference Number(s) of Documents assigned or released: Grantor(s): (Last name first, then first name and initials) Tiemessen, Jorlyn L. Grantee(s): (Last name first, then first name and initials) Tiemessen, David Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter ☐ Complete legal description is on page ____ of document Assessor's Property Tax Parcel/Account Number(s):

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

AFN #2011179455 Page: 2 of 3

GENERAL POWER OF ATTORNEY

Pursuant to AS 13.26.338 - 13.26.353, I, Jorlyn L. Tiemessen, born May 3, 1929 of 19 Farwell Ave.,, #226 Fairbanks Alaska, do hereby appoint David Tiemessen, born November 26, 1960, of Anchorage Alaska, my attorney-in-fact to act as I have checked 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 13.26.344, to the full extent that I am permitted by law to act through an agent:

(A)	real estate transactions	(X)
(B)	transactions involving tangible personal property, chattels, and goods	(X)
(C)	bonds, shares, and commodities transactions	(X)
(D)	banking transactions	(X)
(E)	business operating transactions	(X)
(F)	insurance transactions	(X)
(G)	estate transactions	(X)
(H)	gift transactions	(X)
(I)	claims and litigation	(X)
(J)	personal relationships and affairs	(X)
(K)	benefits from government programs and military service	(X)
(L)	health care services	(X)
(M)	records, reports, and statements	(X)
(N)	delegation	(X)
(O)	all other matters	(X)

This document shall become effective immediately and shall not otherwise be affected by my disability.

POWER OF ATTORNEY - 1

Initials

AFN #2011179455 Page: 3 of 3

NOTICE TO THIRD PARTIES

A third party who relies on the reasonable representations of an attorney-in-fact as to a 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.

A photocopy of this document shall have the same effect as the original signed document.

- IF YOU HAVE GIVEN THE AGENT AUTHORITY REGARDING (1)HEALTH CARE SERVICES UNDER SUBDIVISION (L), COMPLETE THE FOLLOWING:
- I have executed a separate declaration under AS 13.52, (X) known as an "Advanced Medical Directive."
- YOU MAY NOMINATE A GUARDIAN OR CONSERVATOR. IF YOU WISH TO NOMINATE A GUARDIAN OR CONSERVATOR, COMPLETE FOLLOWING:

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate John J. Tiemessen to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity.

IN WITNESS WHEREOF, I have hereunto signed by name this lattay of eto-1471, 2011.

BSCRIBED AND SWORN to or affirmed before me at Fairbanks, Alaska on , 2011 by Jorlyn Tiemessen [NAME]. Meser, Arizon

CORY O COUCH Public - Arizona opa County May 29, 2014

Notary Public in and for Alaska Arizous

My Commission Expires: 5-29-3019