

*This delegation cannot last more than one year and can be revoked by the parent or guardian who signs it at any time. This delegation does **not** affect the rights of the non-signing parent and does **not** create a guardianship.*

**DELEGATION OF POWERS OVER AN INCAPACITATED PERSON
BY PARENT OR GUARDIAN**

(Limited Power of Attorney Under AS 13.26.051¹)

Pursuant to Alaska Statute 13.26.051, I _____,
whose address is _____,
appoint _____,
whose address is _____,
my attorney-in-fact to whom I delegate all my powers regarding the care, custody and property
of: _____, born on _____,
except the power to consent to marriage or adoption.

This power of attorney will last for a period of **one year** _____ **(less than one year) from the date next to my signature below.** However, I retain the right to revoke this power of attorney at any time.

_____ Date _____ Signature

Acknowledged before me at _____, Alaska on _____.

(SEAL)

Notary Public in and for Alaska
My commission expires: _____

¹ AS 13.26.051 states: Delegation of powers over an incapacitated person by parent or guardian. A parent or a guardian of an adult incapacitated person, by a properly executed power of attorney, may delegate to another person, for a period not exceeding one year, any powers regarding care, custody, or property of the adult incapacitated person.