

APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

I, _____

(your name and address)

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my

remains shall be controlled by _____

(name of agent)

With respect to that subject only, I hereby appoint such person as my agent with respect to the disposition of my remains, including cremation.

SPECIAL DIRECTIONS

Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains, to the extent that my estate and agent are financially able to do so:

Indicate below if you have entered into a pre-need arrangement for funeral merchandise or service in advance of need:

No, I have not entered into a pre-need arrangement.

Yes, I have entered into a pre-need arrangement.

(Name and address of establishment with which you arranged merchandise and service.)

AGENT

Name: _____

Address: _____

Telephone Number: _____

SUCCESSORS

If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor

Name: _____

Address: _____

Telephone Number: _____

2. Second Successor

Name: _____

Address: _____

Telephone Number: _____

DURATION

This appointment becomes effective upon my death.

PRIOR APPOINTMENT REVOKED

I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE

I hereby agree that any cemetery organization, business operating a crematory or columbarium, funeral director, embalmer, or funeral service establishment which receives a copy of this document may act under it. Any modification or revocation of this document shall not be effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

SIGNATURE

Signed this _____ day of _____, _____.

(your signature)

STATEMENT BY WITNESS (MUST BE 18 OR OLDER)

I declare that the person who executed this document is personally known to me and appears to be in sound mind and acting in his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(signature)

Address _____

Witness 2: _____
(signature)

Address _____

ACCEPTANCE AND ASSUMPTION BY AGENT

1. I have no actual knowledge or actual notice of revocation of this appointment to control disposition of remains.
2. I hereby accept this appointment and assume the obligations provided by this appointment for the reasonable cost of disposition. I have the right, however, to be reimbursed by the fiduciary of the decedent's estate, provided such costs are determined reasonable.

Signed this _____ day of _____, _____.

(agent's signature)