

AFFIDAVIT ON DISPOSITION OF REMAINS

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, do hereby DESIGNATE _____, as my designated agent with the right to control the disposition of my remains upon my death. If my designated agent is unable, unwilling, or disqualified to serve, then I appoint _____, as my successor designated agent.

I have (____) or I have not (____) attached below specific directions concerning the disposition of my remains with which the designee shall substantially comply, provided that these directions are lawful and there are sufficient resources in my estate to carry out the directions.

(Specify any special arrangements on burial, cremation, services, and other)

WITNESS my signature this ____ day of _____, 20__.

My Signature

My Address:

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public of said County, do certify that _____, as principal, whose name is signed to the writing above bearing date on the ____ day of _____, 20__, has this day acknowledged the same before me.

Given under my hand this ____ day of _____, 20__.

My commission expires: _____

Notary Public