

APPOINTMENT OF PERSON TO MAKE DECISIONS CONCERNING

DISPOSITION OF REMAINS

I, _____,

appoint _____,

whose address is _____

and whose telephone number is (____)_____, as the person to make all decisions regarding the disposition of my remains upon my death for my burial or cremation. In the event _____ is unable to act, I appoint _____,

whose address is _____

and whose telephone number is (____)_____, as my alternate person to make all decisions regarding the disposition of my remains upon my death for my burial or cremation.

It is my intent that this Appointment of Person to Make Decisions Concerning Disposition of Remains act as and be accepted as the written authorization presently required by ORS 97.130 (or its corresponding future provisions) or any other provision of Oregon Law, authorizing me to name a person to have authority to dispose of my remains.

DATED this _____ day of _____, _____.

(Signature)

DECLARATION OF WITNESSES

We declare that _____ is personally known to us, that he/she signed this Appointment of Person to Make Decisions Concerning Disposition of Remains in our presence, that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence, and that neither of us is the person so appointed by this document.

Witnessed By:

_____ Date: _____

Witnessed By:

_____ Date: _____