

**APPOINTMENT OF PERSON TO MAKE DECISIONS
CONCERNING DISPOSITION OF REMAINS
AFFORDABLE BURIAL & CREMATION**

2164 NE East Devils Lake Road
Lincoln City, OR 97368
Call 541-994-4662 Fax 541-614-0746

I, _____, appoint _____, whose address is: _____, and whose phone 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 phone 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 (Right to control disposition of remains) (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.

Signed: _____

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, that neither of us is the person so appointed by this document.

Witnessed by: _____ Date: _____

Witnessed by: _____ Date: _____

Or Notarized:

Signed: _____ Date: _____

Printed Name: _____

Stamp: