

EDWARDS FUNERAL SERVICE

Administrative Office - 1166 Parsons Ave., Columbus, Ohio 43206

Address of Crematory Facility - 686 Harmon Plaza., Columbus, Ohio 43223

Toll Free [888] 955-5350 local [614] 444-3200 Fax [888] 210-9690 * website: www.EdwardsFuneralService.com

WAIVER OF RIGHT OF DISPOSITION GENERAL APPOINTMENT OF AGENT TO CARRY OUT DISPOSITION

PARTIES

"FUNERAL HOME": 1166 Parsons Ave LLC, dba: **EDWARDS FUNERAL SERVICE**

"REPRESENTATIVE": _____
(Name of Representative)

"DECEDENT": _____
(Name of Decedent)

"APPOINTED AGENT": _____
(Name of Appointed Agent to Carry out Disposition as an Agent of Representative)

RELATIONSHIP OF REPRESENTATIVE: The **REPRESENTATIVE** warrants and represents to the **FUNERAL HOME** that the relationship between the **REPRESENTATIVE** and the **DECEDENT** is as follows: _____

AUTHORITY OF REPRESENTATIVE: The **REPRESENTATIVE** warrants and represents to the **FUNERAL HOME** that the **REPRESENTATIVE** is the person who by law has the paramount right to arrange and direct the disposition of the remains of the **DECEDENT** and that no other person(s) has a superior right over, or an equal right to, the right of the **REPRESENTATIVE**.

WAIVER OF DISPOSITION: The **REPRESENTATIVE** waives and relinquishes the right to make and/or approve all arrangements concerning the disposition of the **DECEDENT**, including but not limited to funeral arrangements and the method of disposition. This waiver includes the relinquishment by **REPRESENTATIVE** of any and all rights to seek the recovery, possession, relocation or disinterment of the **DECEDENT's** remains, including cremated remains.

APPOINTMENT OF AGENT: The **REPRESENTATIVE** hereby appoints the **APPOINTED AGENT** to arrange and direct the disposition of the remains of the **DECEDENT**, granting and relinquishing to said **APPOINTED AGENT** all of the powers and authority that the **REPRESENTATIVE** has.

NO LIABILITY FOR EXPENSES: In providing this waiver, the **REPRESENTATIVE** is not accepting and will not be held liable for any expenses associated with the funeral and/or disposition of the remains of the **DECEDENT**. By signing this waiver, the **REPRESENTATIVE** is simply giving up any rights to direct the disposition, and is not assuming any obligation or liability to pay for the funeral or disposition expenses of the **DECEDENT**.

INDEMNIFICATION: The **REPRESENTATIVE** agrees to indemnify and hold harmless the **FUNERAL HOME** from any claims or causes of action arising or related in any respect to the representation by **REPRESENTATIVE** that the **REPRESENTATIVE** has the sole and superior right to carry out right of disposition of the **DECEDENT's** remains.

IDENTIFICATION: The **REPRESENTATIVE** has attached a copy of their State Issued Photo ID to this form as proof of their identification.

Date: _____ Signature of Representative: _____

STATE OF: _____ COUNTY OF: _____

I, the undersigned Notary Public in and for the said county in said state, do hereby certify that the forgoing Representative executed this waiver of right of disposition on this the _____ day of _____, 20_____.

X _____ (Notary Public) My Commission expires: _____