

Brickman Bros. Funeral Home

37433 Euclid Ave. Willoughby, Ohio 44094 440-951-7800

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Email: info@brickmanbros.com

APPOINTMENT OF REPRESENTATIVE FOR DISPOSITION OF BODILY REMAINS, FUNERAL ARRANGEMENTS, AND BURIAL OR CREMATION GOODS AND SERVICES

1. D]	ECLARANT:
Name:	
Address:	
named below to l	t, being of sound mind, willfully and voluntarily appoint my Representative, have the right of disposition, as defined in section 2108.70 of the Revised Code, in my death. All decisions made by my Representative with respect to the right ll be binding.
name, last knowr	EPRESENTATIVE: (If the Representative is a group of persons, indicate the address, and telephone number of each person in the group on the Addendum d of this document.)
Name:	Telephone number:
Address:	
serving as my rep	UCCESSOR REPRESENTATIVE: If my Representative is disqualified from presentative as described in section 2108.75 of the Revised Code, then I hereby using person or group of persons to serve as my Successor Representative.
	accessor Representative is a group of persons, indicate the name, last known whone number of each person in the group on the Addendum attached to the end
Name:	Telephone number:
Address:	
SHOULD BE I DECLARANT	REFERENCES REGARDING HOW THE RIGHT OF DISPOSITION EXERCISED, INCLUDING ANY RELIGIOUS OBSERVANCES THE WISHES A REPRESENTATIVE OR A SUCCESSOR FIVE TO CONSIDER:

	OF FUNDS THAT COULD BE USED TO PAY TED WITH AN EXERCISE OF THE RIGHT
6. DURATION: The appointment of the successor Representative, becomes effective upon the successor Representative, and the successor Representative upon the successor Representativ	nent of my Representative and, if applicable, pon my death.
	REVOKED: I hereby revoke any written section 2108.70 of the Ohio Revised Code prior to a indicated below.
8. AUTHORIZATION TO ACT receives a copy of this written declaration may	1: I hereby agree that any of the following that act under it:
 * Cemetery organization; * Crematory operator; * Business operating a columbarium; * Funeral director; * Embalmer; 	 Funeral home; Any other person asked to assist with my funeral, burial, cremation, or other manner of final disposition.
modification or revocation of this written deceparty receives actual notice of the modification 10. LIABILITY: No person who	EVOCATION – WHEN EFFECTIVE: Any claration is not effective as to any party until that a or revocation. acts in accordance with a properly executed copy damages of any kind associated with the person's
reliance on this declaration.	
Date:	(Signature of Declarant)
By signing below, the Representative, or Successor that he or she, as Representative or Successor defined in section 2108.70 of the Revised Cooreasonable costs of exercising the right, including ACCEPTANCE (OPTIONAL): The	DMPTION OF OBLIGATIONS AND COSTS: cessor Representative, if applicable, acknowledges Representative, assumes the right of disposition as de, and understands that he or she is liable for the ing any goods and services that are purchased. ce undersigned hereby accepts this appointment as applicable, for the right of disposition as defined
in section 2108.70 of the Revised Code.	approact, for the right of dispession as defined
Date:	Signature of Representative (if Representative is a group of persons, each person in the group shall sign on the Addendum attached to the end of this

document)

WITNESSES: I attest that the Declarant signed or acknowledged this Appointment of the Right of Disposition under section 2108.70 of the Revised Code in my presence and that the Declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. I further attest that I am not the Declarant's Representative or Successor Representative, I am at least eighteen years of age, and I am not related to the Declarant by blood, marriage, or adoption.

First witness:	
Signature	Date:
	D : I'
Name (printed)	Residing at
Second witness:	
	Date:
Signature	
	Residing at
Name (printed)	
	OR
NOTARY ACKNOWLEDGEM	IENT:
State of Ohio)	
) SS: County of)	
On	, before me, the undersigned notary public,, known to me or satisfactorily ubscribed as the Declarant, and who has acknowledged aration under section 2108.70 of the Revised Code for attest that the Declarant is at least eighteen years of age under or subject to duress, fraud or undue influence.
	Signature of notary public

SEAL

ADDENDUM TO APPOINTMENT OF REPRESENTATIVE

LIST OF ADDITIONAL REPRESENTATIVES:

(Signature of each Additional Representative is optional)

Name:	2)	Name:
Address:	,	Address:
Telephone No.:		Telephone No.:
Signature:		Signature:
Name:	4)	Name:
Address:		Address:
Telephone No.:		Telephone No.:
Signature:		Signature:
Name:	6)	Name:
Address:		Address:
Telephone No.:		Telephone No.:
Signature:		Signature:
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(Signature of each Additional Successor	r Represer	ntative is optional)
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