



4815 SW Jamieson Road, Beaverton, OR 97005

APPOINTMENT OF PERSON TO MAKE DECISIONS CONCERNING DISPOSITION OF REMAINS

I, _____, hereby 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 (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.

Signature

Date signed

DECLARATION OF WITNESSES

We, the Witnesses, 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 appears to be of sound mind and not acting under duress, fraud, or undue influence;
and that neither of us are the person so appointed by this document.

Witnessed by

Date

Witnessed by

Date

ORS 97.130(7)