APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

(Your name and address)
being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by
(Name of agent)
With respect to that subject only, I hereby appoint such person as my agent with respect to the disposition of my remains. SPECIAL DIRECTIONS:
Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:
Indicate below if you have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law for funeral merchandise or service in advance of need: [] No, I have not entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law. [] Yes, I have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.
(Name of funeral firm with which you entered into a pre-funded pre-need funeral agreement to provide merchandise and/or services)
AGENT:
Name:
Address:
Telephone Number:

	ies, resigns	or is unable to						
alone and successivel	y, in the or	der named) to	serve as my	agent to con	trol the	dispositi	ion of n	ny remair
as authorized by this	document:							
1. First Successor:								
Name:								100
Address:								
Telephone Number: _								
2. Second Successor:								
Name:				1-00	4 4	-	1-60	
Address:		W				- Osa		MAKA
Telephone Number: _								
DURATION:								
This appointment bed	omes effe	ctive upon my	death.					
PRIOR APPOINTMENT	REVOKED	1						
I hereby revo	ke any prio	r appointmen	t of any norse	n to control	the dier		•	
•		. аррошинен	t or any perso	ii to control	the disp	osition	of my re	emains.
Signed this								emains.
								emains. ·
					. /			emains. ·
Signed this	(8	day of			. /			
	(S s (must be	day of Signature of pe 18 or older)	erson making	the appointn	nent)		40	7 a],
Signed this Statement by Witness I declare that the pers	(S s (must be son who ex	day of Signature of pe 18 or older) recuted this do	erson making ocument is pe	the appointn	nent) wn to m	e and ap	ppears t	o be of
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(Signature of agent)

SUCCESSORS: