

**CLARK
COUNTY
FUNERAL
SERVICES**

**APPOINTMENT FOR DISPOSITION OF
REMAINS**

APPOINTMENT FOR DISPOSITION OF REMAINS

I, _____
being a person who is in the right state of mind, voluntarily declare my wish, upon my death that the disposition of my remains shall be coordinated by _____ (name of agent) in harmony the state law, with respect to that subject only.

On this day of year, I hereby appoint such individual as my agent .All verdicts made by my agent with respect to the disposition of my remains, including burial, shall be binding.

SPECIAL DIRECTIONS:

Written below are any special directions which will limit the power granted to my chosen agent:

AGENT:

Name:

Address:

Phone:

SUCCESSORS:

In a situation where my successor agent dies, resigns or dismissed for one reasons or the other, I hereby appoint the following people (each of them are expected to act independently and consecutively, in the order named) to serve as my agent who will control the disposition of my remains as authorized by this document:

1. First Successor

Name:

Address:.....

Phone:.....

2. Second Successor

Name:.....

Address:.....

Phone:.....

DURATION:

This appointment becomes active after my death.

RELIANCE:

I hereby approve that any burial ground , a crematory or columbarium business oriented organization, funeral director or embalmer who obtain a copy of this document may act under it. Any amendment or annulment of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

SIGNATURES:

This written instrument and my appointments of an agent and any successor agent in this instrument are valid without the signature of my agent and any successor agents below.

Each agent, or a successor agent, acting pursuant to this appointment must indicate acceptance of the appointment by signing below before acting as my agent.

Signed this _____ day of _____, 20____.

(your signature)

(printed name)

AUTHENTICATION:

This document was acknowledged before me on _____ (date) by

_____ (name of principal).

_____ (signature of notarial officer)

(printed name) My commission expires: _____

ACCEPTANCE AND ASSUMPTION BY AGENT:

I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate.

Acceptance of

Appointment: _____

(signature of agent) _____

(date of signature)

Acceptance of

Appointment: _____

(signature of first successor) _____

(date of signature)

Acceptance of

Appointment: _____

(signature of second successor) _____

(date of signature)

