

FUNERAL REPRESENTATIVE DESIGNATION

I, _____, designate _____ as my Funeral Representative with the power to make decisions about funeral arrangements and the handling, disposition, or disinterment of my bodily remains including, but not limited to, decisions about cremation, and the right to possess cremated remains as provided in MCL 700.3206 of the Estates and Protected Individual's Code. In the event _____ is unable or unwilling to act, I designate _____ as my Successor Funeral Representative with all the same rights as my primary agent under this document.

Third parties may rely on a statement by an alternative agent that all higher-ranking Funeral Representatives are unable or unwilling to perform.

My Funeral Representative is 18 years of age or older and shall not be in a position to be advantaged financially by the processing or treatment of my remains/cremains.

Dated: _____
Name: _____

WITNESSED

I have this date, _____, 2016, witnessed the execution of this Funeral Representative Designation by _____, who appears to be of sound mind and under no duress, fraud or undue influence.

Name Name

STATE OF MICHIGAN)

COUNTY OF _____)

Acknowledged before me in _____ County, Michigan, on _____, 2016,
by _____.

_____, Notary Public
Saginaw County, Michigan
My commission expires: 6-17-2019