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

1. DECL A	RANT:
Name:	
Address:	
named below to have the	ng of sound mind, willfully and voluntarily appoint my Representative, he right of disposition, as defined in section 2108.70 of the Revised Code, death. All decisions made by my Representative with respect to the right binding.
	ESENTATIVE: (If the Representative is a group of persons, indicate the ess, and telephone number of each person in the group on the Addendum his document.)
Name:	Telephone number:
Address:	
serving as my represent appoint the following properties: (If the Success)	ESSOR REPRESENTATIVE: If my Representative is disqualified from tative as described in section 2108.75 of the Revised Code, then I hereby terson or group of persons to serve as my Successor Representative. Or Representative is a group of persons, indicate the name, last known number of each person in the group on the Addendum attached to the end
Name:	Telephone number:
Address:	
SHOULD BE EXER	RENCES REGARDING HOW THE RIGHT OF DISPOSITION RCISED, INCLUDING ANY RELIGIOUS OBSERVANCES THE ISHES A REPRESENTATIVE OR A SUCCESSOR TO CONSIDER:
FOR GOODS AND S	R MORE SOURCES OF FUNDS THAT COULD BE USED TO PAY SERVICES ASSOCIATED WITH AN EXERCISE OF THE RIGHT

- 6. **DURATION:** The appointment of my Representative and, if applicable, Successor Representative, becomes effective upon my death.
- 7. **PRIOR APPOINTMENTS REVOKED:** I hereby revoke any written declaration that I executed in accordance with section 2108.70 of the Ohio Revised Code prior to the date of execution of this written declaration indicated below.
- 8. **AUTHORIZATION TO ACT:** I hereby agree that any of the following that receives a copy of this written declaration may 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.
- 9. **MODIFICIATION AND REVOCATION WHEN EFFECTIVE:** Any modification or revocation of this written declaration is not effective as to any party until that party receives actual notice of the modification or revocation.
- 10. **LIABILITY:** No person who acts in accordance with a properly executed copy of this written declaration shall be liable for damages of any kind associated with the person's reliance on this declaration.

Date:	
	(Signature of Declarant)

ACKNOWLEDGEMENT OF ASSUMPTION OF OBLIGATIONS AND COSTS:

By signing below, the Representative, or Successor Representative, if applicable, acknowledges that he or she, as Representative or Successor Representative, assumes the right of disposition as defined in section 2108.70 of the Revised Code, and understands that he or she is liable for the reasonable costs of exercising the right, including any goods and services that are purchased.

ACCEPTANCE (OPTIONAL): The undersigned hereby accepts this appointment as Representative or Successor Representative, as applicable, for the right of disposition as defined in section 2108.70 of the Revised Code.

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)
Date:	
	Signature of Successor Representative (if Successor 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:		
		Date:
Signature		
		Residing at
Name (printed)		
Second witness:		
		Date:
Signature		
		Residing at
Name (printed)		
		OR
NOTARY ACK	NOWLEDGEM	ENT:
State of Ohio)	
County of) SS:	
On	, 20_	, before me, the undersigned notary publi
proven to be the person v	whose name is su	ubscribed as the Declarant, and who has acknowledge
that he or she executed to	his written decla	ration under section 2108.70 of the Revised Code for
		attest that the Declarant is at least eighteen years of ag
and appears to be of soun	a mina ana not u	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:	
3)	Name:	4)	Name:	
	Address:		Address:	
	Telephone No.:		Telephone No.:	
	Signature:		Signature:	
5)	Name:	6)	Name:	
	Address:	· 	Address:	
	Telephone No.:		Telephone No.:	
	Signature:		Signature:	
	(Signature of each Addition	al Successor Represer	ntative is optional)	
	Name:		Name:	
1)	Name:Address:	2)	Name:Address:	
1)	Name:Address: Telephone No.:	2)	Name:Address: Telephone No.:	
1)	Name:Address:	2)	Name:Address:	
 3) 	Name: Address: Telephone No.: Signature: Name:		Name: Address: Telephone No.: Signature: Name:	
	Name:		Name:Address: Telephone No.: Signature: Name:Address:	
	Name: Address: Telephone No.: Signature: Name:	2)	Name: Address: Telephone No.: Signature: Name:	
	Name:Address: Telephone No.: Signature: Name:Address:	2)	Name:Address: Telephone No.: Signature: Name:Address:	
	Name: Address: Telephone No.: Signature: Name: Address: Telephone No.: Signature:		Name:Address: Telephone No.: Signature: Name:Address: Telephone No.: Signature:	
3)	Name:		Name:Address: Telephone No.: Signature: Name:Address: Telephone No.:	
3)	Name:	2) 4) 6)	Name:	