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

Authorized by House Bill 426, Effective October 12, 2006; For further reference, see ORC 2108.70 et seq. Consult your attorney for specific questions

I, (legal name and address) Residing at: sound mind, willfully and voluntarily appoint my represe as defined in section 2108.70 of the Revised Code, for m representative with respect to the right of disposition shall	, an adult being of entative, named below, to have the right of disposition, y body upon my death. All decisions made by my
REPRESENTATIVE(S): (If the representative is a group of persons, indicate the n person in the group. Attach additional sheet if necessary.)	
Name:	Phone #
Address:	
SUCCESSOR REPRESENTATIVE(S): If my representative is disqualified from serving as my re Revised Code, then I hereby appoint the following person representative. (If the representative is a group of persons number of each person in the group. Attach additional sho	epresentative as described in section 2108.75 of the n or group of persons to serve as my successor s, indicate the name, last known address and phone
Name:	Phone #
Address:	
PREFERENCES REGARDING HOW THE RIGHT INCLUDING ANY RELIGIOUS OBSERVANCES TO REPRESENTATIVE OR A SUCCESSOR REPRESE if necessary):	HE DECLARANT WISHES A NTATIVE TO CONSIDER (attach additional sheets
ONE OR MORE SOURCES OF FUNDS THAT COU SERVICES ASSOCIATED WITH AN EXERCISE Of may be entitled to reimbursement from the decedent?	F THE RIGHT OF DISPOSITION Representative

DURATION: The appointment of my representative and, if applicable, successor representative, becomes effective upon my death.

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.

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 (such as the representative named herein) asked to assist with my funeral, burial, cremation, or other manner of final disposition.

MODIFICATION 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.

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.

Signed this _____, 2 _____,

(Signature of declarant) Must be witnessed by 2 persons or notarized

WITNESSES:

I attest that the declarant signed or acknowledged this assignment 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:

Name (printed)	
Residing at:	
Signature:	
Second witness: Name (printed)	
Residing at:	
	Date:
*****	OR: ******NOTARY ACKNOWLEDGMENT:
State of Ohio, County of	SS.
personally appeared	before me, the undersigned notary public, known to me or satisfactorily proven to the declarant, and who has acknowledged that he or she executed .70 of the Revised Code for the purposes expressed in that section. I years of age and appears to be of sound mind and not under or e.
(Signature of notary public)	

My commission expires on: _____