

APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

I _____ (my name and address) being of sound mind, willfully and voluntarily make known my desire that, upon my death, the **control of the disposition** of my dead body, including the location, manner and conditions of the disposition, and arrangements for funeral goods and services to be provided shall be controlled by _____ (name and address), and with respect to that subject only, I hereby appoint the above named person as my **“agent to control the disposition of my remains”**.

DURATION: This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED: I hereby revoke any prior appointment of any person **to control the disposition of my remains**, including (if a different person) a personal representative named in my will (according to Utah code 75-3-701).

RELIANCE: I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director, embalmer, dispositioner, funeral committee or mortuary, Vital Records Registrar, or Care Facility who receives a copy of this document **may act under it**. Any modification or revocation of this document is not effective until that business or government agency receives notice of the modification or revocation. No business or agency shall be liable because of reliance on a copy of this document.

ASSUMPTION: THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, UTAH SECTION 58-9-602 which states that a person designated in writing has the first right and duty to control the disposition and funeral arrangements of a deceased person.

All decisions made by my agent with respect to the disposition of my remains shall be binding.

SPECIAL DIRECTIONS:

Attached are any special directions for my agent Yes / No

Set forth below are any special directions limiting the power granted to my agent:

DESIGNATED AGENT:

Name: _____

Address: _____

phone #: _____

Signed in Acceptance of Appointment: _____

Date: _____

1st Witness & date _____

2nd Witness & date _____

SUCCESSORS: If my agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

1. First Successor Name: _____
Address: _____

Phone#: _____ Signed in Acceptance of
appointment: _____

2. Second Successor Name: _____
Address: _____

Phone #: _____ Signed in Acceptance of
Appointment: _____

1st Witness & date _____ 2nd Witness & date

Or Notarized:

In the STATE OF UTAH, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) by
_____ (person acknowledging).

(Seal

Notary Public Printed Name: _____

My Commission Expires: _____