

Funeral Representative Designation

Name: _____

Address: _____

Date of Birth: _____

I, _____, being 18 years or older and of sound mind, voluntarily make this designation pursuant to MCL 700.3206. The person I choose as my funeral representative is:

If my first choice cannot serve or be located, the person who is my second choice or my "successor funeral representative" is:

If my second choice cannot serve or be located, the person who is my third choice or my "successor funeral representative" is:

If my third choice cannot serve or be located, the person who is my fourth choice or my "successor funeral representative" is:

Funeral Representative Designation

Powers of Funeral Representative

The person I have designated as my funeral representative shall have the right and power to make decisions about my funeral arrangements and the handling, disposition, or disinterment of my body, including decisions about cremation, and the right to retrieve from the funeral establishment and possess cremated remains of the decedent immediately after cremation. This power also includes the right to make advance arrangements for my funeral and burial, memorial service or cremation, including the purchase of a burial plot and marker, and such other related arrangements, as my Funeral Representative deems advisable.

To the extent that the payment of the cost of arrangements as determined by my Funeral Representative is not otherwise provided for, I direct that the cost of such arrangements be paid from and charged to my residuary estate passing under my Last Will and Testament, or, if payment from my residuary estate is not practical, I direct that the cost of such arrangements be paid from the residue of my revocable living trust (if applicable). I do not intend that my Funeral Representative shall personally bear the cost of my funeral arrangements.

This designation shall revoke any prior funeral representative designation(s) I have made.

SIGNATURE

Date: _____

Print name: _____

STATE OF MICHIGAN)

COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, in and for said County, this ____ day of _____.

Notary Public, _____ County, Michigan

Acting in _____ County

My commission expires: _____

Check here if, because of a physical disability, my signature has been affixed by a notary public pursuant to section 33 of the Michigan Notary Public Act.

Funeral Representative Designation

Statement Regarding Witnesses

I have chosen two adult witnesses who are not my designated funeral representative or (1) a person who is an officer, partner, member, shareholder, owner, representative, or employee of a crematory that will be providing services after I die, or a cemetery where my body will be buried, entombed, or where my ashes will be inurned; or (2) a health professional or an employee or volunteer at a health facility that provides care during my last illness or immediately before death, or a partner, member, shareholder, owner, or representative of that health facility.

Statement and Signature of Witnesses

This declaration was signed in our presence. The declarant appears to be of sound mind and under no duress, fraud, or undue influence.

Date

Signature of Witness #1

Print Name

Address of Witness #1

Date

Signature of Witness #2

Print Name

Address of Witness #2

Funeral Representative Designation

Acceptance by Funeral Representative

I, _____, have been designated as Funeral Representative (herein called "Agent") by _____ (herein called "Declarant") in a writing dated _____, and I acknowledge that:

1. I have received and read the Funeral Representative Designation and I understand its provisions.
2. I accept the designation and agree to act in accordance with the standards of care applicable to fiduciaries acting as an agent for a principal.
3. As soon after the death of Declarant as reasonably possible, I will carry out the instructions set forth in the Funeral Representative Designation.
4. I agree to maintain records of my transactions as Agent and agree to provide such records to the Declarant's personal representative or trustee for inspection.
5. I am not affiliated with a funeral establishment, cemetery, or crematory or any other establishment that would provide funeral related services for the Declarant.

Signature of Funeral Representative

Date

Funeral Representative Designation

Acceptance by Successor Funeral Representative

I, _____, have been designated as successor Funeral Representative (herein called "Agent") by _____ (herein called "Declarant") in a writing dated _____, and I acknowledge that:

1. I have received and read the Funeral Representative Designation and I understand its provisions.
2. I accept the designation and agree to act in accordance with the standards of care applicable to fiduciaries acting as an agent for a principal.
3. As soon after the death of Declarant as reasonably possible, I will carry out the instructions set forth in the Funeral Representative Designation.
4. I agree to maintain records of my transactions as Agent and agree to provide such records to the Declarant's personal representative or trustee for inspection.
5. I am not affiliated with a funeral establishment, cemetery, or crematory or any other establishment that would provide funeral related services for the Declarant.

Signature of Funeral Representative

Date

Funeral Representative Designation

Acceptance by Successor Funeral Representative

I, _____, have been designated as successor Funeral Representative (herein called "Agent") by _____ (herein called "Declarant") in a writing dated _____, and I acknowledge that:

1. I have received and read the Funeral Representative Designation and I understand its provisions.
2. I accept the designation and agree to act in accordance with the standards of care applicable to fiduciaries acting as an agent for a principal.
3. As soon after the death of Declarant as reasonably possible, I will carry out the instructions set forth in the Funeral Representative Designation.
4. I agree to maintain records of my transactions as Agent and agree to provide such records to the Declarant's personal representative or trustee for inspection.
5. I am not affiliated with a funeral establishment, cemetery, or crematory or any other establishment that would provide funeral related services for the Declarant.

Signature of Funeral Representative

Date

Funeral Representative Designation

Acceptance by Successor Funeral Representative

I, _____, have been designated as successor Funeral Representative (herein called "Agent") by _____ (herein called "Declarant") in a writing dated _____, and I acknowledge that:

1. I have received and read the Funeral Representative Designation and I understand its provisions.
2. I accept the designation and agree to act in accordance with the standards of care applicable to fiduciaries acting as an agent for a principal.
3. As soon after the death of Declarant as reasonably possible, I will carry out the instructions set forth in the Funeral Representative Designation.
4. I agree to maintain records of my transactions as Agent and agree to provide such records to the Declarant's personal representative or trustee for inspection.
5. I am not affiliated with a funeral establishment, cemetery, or crematory or any other establishment that would provide funeral related services for the Declarant.

Signature of Funeral Representative

Date