



**WASHINGTON DESIGNATION OF AGENT
FOR DISPOSITION OF BODILY REMAINS, FUNERAL ARRANGEMENTS,
AND BURIAL OR CREMATION GOODS AND SERVICES**

1. DECLARANT

Name: _____

Address: _____

I, _____, an adult, being of sound mind, grant willfully and voluntarily appoint my Representative, named below, to have the right of disposition, as defined in section 68.50.160 of the Revised Code of Washington for my body upon my death. All decisions made by my Representative with respect to the right of disposition shall be binding; decisions shall include the right of disposition as well as: any details about my funeral arrangements; the selection of funeral goods; the selection of funeral services; and supplying any statistical information for notices or required documentation.

A valid written document expressing my wishes regarding the place or method of disposition, signed in the presence of a witness, is sufficient legal authorization for the procedures to be accomplished.

Any arrangements I have prepaid or filed with a licensed funeral establishment or cemetery authority are not subject to cancellation or substantial revision.

If arrangements have not been prepaid or filed with a licensed funeral establishment or cemetery authority, the designated agent has full authority of all decision making and financial responsibility.

2. AGENT

Name: _____ Telephone number: _____

Address: _____

3. SUCCESSOR AGENT: If my Agent is disqualified from serving as my Agent, then I hereby appoint the following person or group of persons to serve as my Successor Agent.

Name: _____ Telephone number: _____

Address: _____

4. PREFERENCES REGARDING HOW THE RIGHT OF DISPOSITION SHOULD BE EXERCISED, INCLUDING ANY RELIGIOUS OR NON-RELIGIOUS OBSERVANCES THE DECLARANT WISHES A REPRESENTATIVE TO CONSIDER

5. ONE OR MORE SOURCES OF FUNDS THAT COULD BE USED TO PAY FOR GOODS AND SERVICES ASSOCIATED WITH AN EXERCISE OF THE RIGHT OF DISPOSITION



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6. DURATION The appointment of my Representative becomes effective upon my death.

7. 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 acknowledges that he or she, as Representative, accepts and assumes the right of disposition as defined in section 68.50.160 of the Revised Code of Washington 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: The undersigned hereby accepts this appointment as Representative for the right of disposition as defined in section 68.50.160 of the Revised Code of Washington.

Date: _____

Signature of Agent

Date: _____

Signature of Successor Agent

WITNESS: I attest that the DECLARANT signed or acknowledged this Appointment of the Right of Disposition under section 68.50.160 of the Revised Code of Washington 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 Agent, I am at least eighteen years of age, and I am not related to the Declarant by blood, marriage, or adoption.

Name (Printed)

Date: _____

Signature

Residing at: _____