

## Designation of Funeral Representative

I, \_\_\_\_\_, (“Client”) intending to resolve any potential conflict over the disposition of my remains, hereby designate \_\_\_\_\_ as my Funeral Representative to make all decisions concerning the disposition of my remains, including, but not limited to, authorization of cremation, either immediately or otherwise:

1. My Funeral Representative shall have priority over any persons otherwise having priority under the provisions of statute or court rule.
2. My Funeral Representative shall have full authority over the disposition of my remains in their sole and uncontested discretion. I may leave instructions for the disposition of my remains in a separate writing and I authorize, but do not require, my Funeral Representative(s) to act in accordance therewith.
3. I recognize that circumstances may exist at the time of my death that I cannot presently anticipate and that these circumstances impact the ability of my Funeral Representative to act in accordance with any instructions I may leave. In such event, I request that my Funeral Representative honor my wishes, either written or oral, to the greatest extent possible.
4. No person who acts in accordance with this instrument shall be held liable by my estate.
5. I direct the trustees of my revocable living trust and the personal representatives under my Last Will and Testament assist my Funeral Representative in accordance with these instructions.
6. If my Funeral Representative is unwilling or unable to serve, or if they cannot continue to serve for any reason, I appoint the following successor Funeral Representatives in the order in which their names appear:

First, \_\_\_\_\_ then,

Second, \_\_\_\_\_

In witness whereof, I have set my hand as of the date set forth below.

Dated: August \_\_, 2020, by \_\_\_\_\_

\_\_\_\_\_  
CLIENT

**Statement by Witnesses:**

The undersigned witnesses certify that we are not Client’s spouse, parent, issue, sibling, presumptive heir, known devisee at this time, physician, Patient Advocate, an employee of a life or health insurance provider for Client, an employee of a health facility that is treating Client , or an employee of a home for the aged where Client resides. Client appears to be of sound mind and under no duress, fraud or undue influence. The above document was signed by Client in our presence and in the presence of each of us, and we have witnessed this document at Client’s request and in his or her presence.

\_\_\_\_\_  
Matthew A. Ferri, Witness

\_\_\_\_\_  
Andrea L. Baade, Witness

STATE OF MICHIGAN )  
 ) ss.  
COUNTY OF OAKLAND )

The foregoing Designation of Funeral Representative was acknowledged before me on August \_\_, 2020, by \_\_\_\_\_.

\_\_\_\_\_  
Matthew A. Ferri  
Notary Public, State of Michigan, County of Oakland  
My commission expires: February 22, 2022  
Acting in the County of Oakland