Hudson's Funeral Home & On-Site Crematory, 680 Mount Hope Drive, Lander, WY 82520

O-307-332-2221 F-307-332-2226 email: info@hudsonsfh.com

APPOINTMENT of PERSON to MAKE DECISIONS CONCERNING

DISPOSITION of a CURRENT DECEDENT'S REMAINS

This sample form has been created for use by the person who has the lawful right to control final disposition under 2013 WYOMING STATUTES TITLE 2 - WILLS, DECEDENTS' ESTATES AND PROBATE CODE CHAPTER 17 - BURIAL ARRANGEMENTS

for a current (or pending) decedent and, who, as permitted under 2013 WYOMING STATUTES TITLE 2 - WILLS, DECEDENTS' ESTATES AND PROBATE CODE CHAPTER 17 - BURIAL ARRANGEMENTS, wants to appoint

ANOTHER PERSON to make the final disposition decisions on their behalf.

I, _____, appoint _____, whose address

(Printed name of appointing person) (Printed name of appointed person)

is _____, and whose telephone number is (_____)_____,

as the person to make all decisions regarding the disposition of _____

(Printed name of decedent) for burial or cremation (circle one).

It is my intent that this Appointment of Person to Make Decisions Concerning Disposition of a Current Decedent's Remains be accepted as the written authorization presently permitted under 2013 WYOMING STATUTES TITLE 2 - WILLS, DECEDENTS' ESTATES AND PROBATE CODE CHAPTER 17 - BURIAL ARRANGEMENTS or any other provision of Wyoming Law, authorizing me to name another person to have authority to dispose of the remains.

DATED this _____ day of _____, 20____. _____

(Date) (Month) (Signature of Appointing Person as authorized under Wyoming statute.

DECLARATION OF WITNESSES

We declare that _____ is personally known to us, that he/she signed this Appointment of Person to Make Decisions Concerning Disposition of a Current Decedent's Remains in our presence, that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence, and that neither of us is the person so appointed by this document.

Witnessed by: _____

_____

(Printed name of witness) (Phone number)

_____ _____

(Signature of witness) (Date signed)

Witnessed by: _____

_____

(Printed name of witness) (Phone number)

_____ _____

(Signature of witness) (Date signed)