

FUNERAL REPRESENTATIVE DESIGNATION

- 1. My name is _____ (“Declarant”).
- 2. I am a resident of _____ County, Michigan.
- 3. I revoke any and all prior designations I have made.
- 4. I designate _____ as my Funeral Representative.
- 5. If my designated Funeral Representative is unable or unwilling to serve, I designate the following Funeral Representatives in the order listed:
 - a. _____
 - b. _____
 - c. _____
- 6. My Funeral Representative is empowered to make decisions about funeral arrangements for me upon my death. My Funeral Representative will have all powers granted by MCL 700.3206. The power granted specifically includes decisions about the handling, disposition, or disinterment of my body. The power granted also specifically includes decisions on cremation and the right to determine possession of my cremated remains. These specific enumerations of power do not limit the statutory powers that I have granted my Funeral Representative.
- 7. 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 my estate.
- 8. I do not intend that my Funeral Representative shall personally bear the cost of my funeral arrangements.
- 9. None of the Funeral Representatives named above are disqualified to so serve under MCL 700.3206(2)(c). (See list of disqualified designees on reverse page.)
- 10. I sign this Funeral Representative Designation knowingly and voluntarily.

DECLARANT

Signature: _____ Dated: _____

Printed Name: _____

You must have your signature (choose one option): (1) witnessed by two disinterested people or (2) acknowledged by a notary public or (3) both witnessed and notarized.

We, the witnesses to this Funeral Representative Designation, each state that Declarant signed this Funeral Representative Designation in our presence on the above date and is known to us. Declarant appears to be of sound mind and under no duress, fraud, or undue influence. We declare that neither of us is named as Funeral Representative for Declarant.

Witness #1

Signature: _____ Dated: _____

Printed Name: _____

Witness #2

Signature: _____ Dated: _____

Printed Name: _____

STATE OF MICHIGAN)
_____ COUNTY)

On this ____ day of _____, before me, a Notary Public, personally appeared Declarant who executed this document, and acknowledged the same to be his or her free act and deed. Declarant appears to be of sound mind and under no duress, fraud, or undue influence. I am not named as Funeral Representative for Declarant.

Notary Public:
_____ County, Michigan
My commission expires: _____
Acting in _____ County, Michigan

The following individuals may not act as a funeral representative for the Declarant unless the individual is the surviving spouse or is a relative of the Declarant: (1) An owner or employee of a funeral establishment that will provide services to the Declarant. (2) An owner, health professional, or employee of a health facility or Veterans facility, who provided medical treatment or nursing care to the Declarant during the final illness or immediately before the Declarant's death. (3) An owner or employee of a cemetery at which the Declarant's body will be interred, entombed, or inurned. (4) An owner or employee of a crematory that will provide the Declarant's cremation.

Provided (without advice or consultation) by: **Swogger, Bruce & Millar Law Firm P.C.**
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