



DECLARATION OF DESIGNEE FOR FINAL DISPOSITION

I hereby designate _____,

as my designee. My designee shall have the sole responsibility for making decisions concerning the final disposition of my remains and the ceremonies to be performed after my death. This declaration hereby revokes all prior declarations. This designation becomes effective upon my death.

My designee shall act in a manner that is reasonable under the circumstances.

I may revoke this declaration at any time. I agree that a third party (such as a funeral or cremation establishment, funeral director, or cemetery) who receives a copy of this declaration may act in reliance upon it. Revocation of this declaration is not effective as to a third party until the third party receives notice of the revocation. My estate shall indemnify my designee and any third party for costs incurred by them or claims arising against them as a result of their good faith reliance on this declaration.

Note: (The Declarant may designate one or more alternatives as designee but does not have to.) If the person designated above is unable or unwilling to serve, I designate _____

_____, to serve as my designee.

[Option 1: I have entered into a contract for prearranged funeral services or funeral merchandise as defined in and accepted under Iowa Code Chapter 523A. The contract may be found at _____.]

[Option 2: I own or have reserved a cemetery lot at _____.]

[Option 3: (You may include any special instructions concerning organ donation consistent with Iowa Code Chapter 142C.) _____.]

[Option 4: YES__ NO__ In the event that medical professionals determine that I may be an organ donor, I agree to the use of life-sustaining procedures, including a ventilator, for the sole purpose and time period required to complete the organ donation. Nothing in this paragraph shall be construed to expand or detract from the laws related to anatomical gifts as outlined in the Iowa Code, Chapter 142C. The purpose of this paragraph is to practically and medically make organ donation possible.]

I executed this declaration as my free and voluntary act.

Signed this ____ day of _____, _____.

Signature of Declarant

**This Declaration must be witnessed by two persons or notarized.
This form must be attached to an existing durable power of attorney for health care under Iowa Code Chapter 144B.**

DECLARATION OF DESIGNEE FOR FINAL DISPOSITION

Type or Print Declarant's Name

Street Address

City, State and Zip

State of _____ }
County of _____ } ss.

This record was acknowledged before me this ____ day of _____, _____, by

(the Declarant).

Signature of Notary Public

By signing this form, I declare that I signed this form in the presence of the other witness and the Declarant and I witnessed the signing by the Declarant or other person acting on the Declarant's behalf at the direction of and in the presence of the Declarant.

Signature of 1st Witness

Signature of 2nd Witness

Type or Print Name of Witness

Type or Print Name of Witness

Street Address, City, State, Zip

Street Address, City, State, Zip