

DISPOSITION DOCUMENT

FOR

Form provided by:
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DISPOSITION DOCUMENT

Instructions: You can select Part 1, Part 2, or both, by completing the part(s) you select, including providing any signatures indicated. Part 3 contains general statements and a place for your signature. You must sign in front of a notary.

PART 1. APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS.

If you appoint an agent, you and your agent must complete this part as indicated, and the agent must sign this part.

I, _____, being of sound mind, willfully and voluntarily make known my desire that, on my death, the disposition of my remains shall be controlled by _____ (name of agent first named below), and, with respect to that subject only, I appoint that person as my agent. All decisions made by my agent with respect to the disposition of my remains, including cremation, are binding.

ACCEPTANCE BY AGENT OF APPOINTMENT.

THE AGENT AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, AGREE TO AND ASSUME THE OBLIGATIONS PROVIDED IN THIS DOCUMENT. AN AGENT MAY SIGN AT ANY TIME, BUT AN AGENT'S AUTHORITY TO ACT IS NOT EFFECTIVE UNTIL THE AGENT SIGNS BELOW TO INDICATE THE ACCEPTANCE OF APPOINTMENT. ANY NUMBER OF AGENTS MAY SIGN, BUT ONLY THE SIGNATURE OF THE AGENT ACTING AT ANY GIVEN TIME IS REQUIRED.

AGENT:

Name: _____

Address: _____

Phone Number: _____

Signature of Agent Indicating Acceptance of Appointment:

(Signature)

(Date of signature)

SUCCESSORS:

If my agent dies, becomes legally disabled, resigns, or refuses to act, I appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

(1) First Successor

Name: _____

Address: _____

Phone Number: _____

Signature of First Successor Indicating Acceptance of Appointment:

(Signature)

(Date of signature)

(2) Second Successor

Name: _____

Address: _____

Phone Number: _____

Signature of Second Successor Indicating Acceptance of Appointment:

(Signature)

(Date of signature)

PART 2. DIRECTIONS FOR THE DISPOSITION OF MY REMAINS.

Stated below are my directions for the disposition of my remains:

If the disposition of my remains is by cremation, then: *(choose one)*

- I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors consider a change appropriate.
- I wish to allow only the survivors I have designated below to have the option of canceling my cremation and selecting alternative arrangements, if they consider a change to be appropriate:

PART 3. GENERAL PROVISIONS AND SIGNATURE.

WHEN DIRECTIONS BECOME EFFECTIVE. The directions, including any appointment of an agent, in this disposition document become effective on my death.

REVOCATION OF PRIOR APPOINTMENTS. I revoke any prior appointment of any person to control the disposition of my remains.

SIGNATURE OF PERSON MAKING DISPOSITION DOCUMENT

(Signature) (Date of signature)

STATE OF ALASKA)
)ss.
 THIRD JUDICIAL DISTRICT)

On _____(date) before the undersigned notary public, the above-named person, known to or identified by me, signed this document.

Notary in and for the state of Alaska
 My Commission Expires: _____