

Assignment of the Right to Control Disposition

Pursuant to Health and Safety Code Section 7100

<u>Assignor</u>

To Whom It May Concern:

I/We	herebyauth				
Person(s) wi		<u>.</u>			
	to make any and all funeral and disposition				
Person(s) to assume resp	oonsibility				
arrangements for	my/o	our			
	Name of decedent	relationship			
subject to the following limita	ations, if any, listed below (specify	, or write "none" as applicable):			

I/We certify that I/We are/am the person(s) with the right to control the disposition and to arrange for funeral goods and services to provide for the above decedent pursuant to Health and Safety Code 7100 or 7105. I/We further certify that to the best of my/our knowledge and belief, the decedent did not leave directions which were fully funded by any trusts, insurance, commitments by other, or any other effective and binding means pursuant to Health and Safety Cod 7100.1.

Signature	of	person(s)	assigning	7100 rights

Signature of Witness

<u>Assignee</u>

I/We, the undersigned, hereby agree to accept the responsibility set forth herein and fully understand that I/We shall carry out the duties imposed by law on me/us of the person(s) having the right to control the disposition of the above decedent, subject to the limitations, if any, imposed herein

Signature of person(s) accepting assignment

Date

Date

Date

Signature of Witness

Date