

The Co-op Funeral Home

of People's Memorial

Designated Agent Form

Washington State

I, _____ designate the following agent(s) to act on my behalf for the sole purpose of directing my funerary care and final disposition.

- ☐ I have ☐ I have **not** executed a written disposition authorization form.
☐ I have ☐ I have **not** executed a pre-need policy with a funeral home.

If I have not executed a written disposition authorization, or have not purchased a pre-need policy for my funerary care with a licensed funeral establishment or cemetery authority, then I authorize my designated agent to select the appropriate funeral arrangements for me including the method of final disposition, place of interment and/or final resting place. Neither my designated agent nor my next of kin may substantially alter any portions of my written funerary arrangements. The designated agent is responsible for the balance of my funeral and cemetery costs if I have not established a pre-need policy. In the event of my designated agent paying the balance of my funerary care, I direct my estate to promptly reimburse the designated agent for any personal funds advanced to pay for my funerary care. My designated agent has complete authority to act on my behalf and direct any and all details related to my funerary care that I have not already established in writing, including but not limited to my obituary, funeral or memorial services, cemetery property, monument, memorialization, gatherings or other related funerary matters.

I name the following person to be my primary designated agent:

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

Address

If my primary agent is for any reason unable to unwilling to serve in this capacity or does not make contact with the funeral home within 5 business days of my death, then I name the following person to be my alternate designated agent for my funerary care.

I name the following person to be my alternate designated agent:

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

Address

| Declarant's Signature | Printed Name | Date |
|-----------------------|--------------|------|
|-----------------------|--------------|------|

| Witness's Signature | Printed Name | Date |
|---------------------|--------------|------|
|---------------------|--------------|------|

Under Washington state law, to be valid, this form must be signed in the presence of an adult witness.