Declaration of Designee for Final Disposition and Ceremonies

I hereby designate							
	(Type or Print)		First Name			Last	Name
(Type or Print) Street Addas my designee. My designesition of my remains revokes all prior declaration	nee shall have the and the ceremoni	es to be per	formed after r	ny death.	. This de		ng the final
My designee shall	act in a manner th	at is reasona	ble under the o	circumsta	nces.		
I may revoke this cremation establishment, for reliance upon it. Revocate receives notice of the revolution or claims	tion of this declarated contion. My estate	cemetery) wation is not one shall inder	ho receives a effective as to nnify my desi	copy of t a third j gnee and	his declar party unt any thir	ration il the d par	n may act in third party ty for costs
Note: (The Declarant matthe person designate	-		rnatives as donuments or unwilling	_	out does serve,	not h I	nave to.) If designate
	rst Name		Last N				
(Type of Film)	ist maine		Last	vaille			
(Type or Print) Street Add to serve as my designee.	lress	City		State		Zip (Code
Option 1: I have entered defined in and execute	d under Iowa C	•	•				
[Option 2: I own or ha location of cemetery).]	ve reserved a cem	netery lot at					(name and
[Option 3: (You may incode Chapter 142C.)				-	tion cons	istent	with Iowa
I execute this declaration a	as my free and volu	intary act.					J
Signed this day of		·					
			Signature of D	Declarant			
			Type or Print	Name of	Declaran	t	
			Street Address	3			
			City State 7i	n Code			

This Declaration must be witnessed by two persons or notarized.

State of	
County of	
This instrument was acknowled	fore me on the, by,
	Notary Public in and for Said State
• •	I signed this form in the presence of the other witness and the by the Declarant or other person acting on the Declarant's behalf at the Declarant.
Signature of 1 st Witness	Signature of 2 nd Witness
Type or Print Name of Witness	Type or Print Name of Witness
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code

General Information on Declaration of Designee for Final Disposition and Ceremonies

This form must be attached to an existing durable power of attorney for health care under Iowa Code Chapter 144B. If there is no exiting durable power of attorney for health care under Iowa Code Chapter 144B, then in order to declare a designee, one should be executed which contains the provisions of this Declaration thereby eliminating the need for this form.

A declaration of a designee is subject to the provisions of Iowa Code Chapter 144C and reference should be made to that chapter. The following is a summary of some of the provisions of Chapter 144C of the Code of Iowa.

1. Selected Definitions.

"Ceremony" means a formal act or set of formal acts established by custom or authority to commemorate a decedent.

"Declarant" means a competent adult who executes a declaration pursuant to this chapter.

"Declaration" means a written instrument, contained in or attached to a durable power of attorney for health care under chapter 144B, that is executed by a declarant in accordance with the requirements of this chapter, and that names a designee who shall have the sole responsibility and discretion for making decisions concerning the final disposition of the declarant's remains and the ceremonies planned after the declarant's death.

"Designee" means a competent adult designated under a declaration who shall have the sole responsibility and discretion for making decisions concerning the final disposition of the declarant's remains and the ceremonies planned after the declarant's death.

"Final disposition" means the burial, interment, cremation, removal from the state, or other disposition of remains.

"Third party" includes but is not limited to a funeral director, funeral establishment, cremation establishment, cemetery, the state medical examiner, or a county medical examiner.

- 2. A declaration shall <u>not</u> include directives for final disposition of the declarant's remains and shall not include arrangements for ceremonies planned after the declarant's death.
- 3. The following individuals shall not be witnesses for a durable power of attorney for health care:
 - a. Any individual designated in the declaration as the designee or an alternate designee.
 - b. An individual who is less than eighteen years of age.
- 4. The following individuals shall not be designated as the designee under the declaration:
 - a. A funeral director, funeral establishment, cremation establishment, cemetery, elder group home, assisted living program facility, adult day services program, licensed hospice program, or attorney.
 - b. Any agent, owner, or employee of an entity listed in 4(a), unless the individual is related to the declarant within the third degree of consanguinity.

- 5. Revocation.
- a. A declaration is revocable by a declarant in a writing signed and dated by the declarant.
- b. Unless otherwise expressly provided in the declaration, a dissolution of marriage, annulment of marriage, or legal separation between the declarant and the declarant's spouse that occurs subsequent to the execution of the declaration constitutes an automatic revocation of the spouse as designee.
- c. A revocation is only effective as to a third party if the third party receives notice of the revocation.
- d. The most recent declaration executed by a declarant shall control.
- 6. It is the responsibility of the designee to exercise the designee's authority under the declaration within twenty-four (24) hours of receiving notification of the death of the declarant or within forty-eight (48) hours of the declarant's death, whichever is earlier. Failure to do so, will result in the forfeiture of all rights and authority of the designee under the declaration and those rights and authority shall vest in and devolve upon an alternate designee, or if there is none pursuant to Section 144C.5. The rights and authority of the designee shall also be forfeited if the designee is charged with murder in the first or second degree or voluntary manslaughter in connection with the declarant's death and those charges are known to a third party.

SUGGESTIONS AFTER FORM IS PROPERLY SIGNED, WITNESSED OR NOTARIZED

- 1. Place original in a safe place known and accessible to family members or close friends.
- 2. Provide a copy to designee and to alternate designees (if any).
- 3. Provide a copy(s) to family member(s).