

**DISPOSITION AUTHORIZATION
(Decedent During Lifetime)**

I, _____, hereby declare and direct:

1. It is my wish that my remains be _____
(Write either the word "CREMATED" or "INTERRED")

If I have written the word "CREMATED" above, I direct that my cremated remains be disposed of as follows:

-
2. All of my relatives, surviving at my death, honor this authorization.
3. No funeral home, cemetery and/or cremation authority shall be liable for arranging for or undertaking the disposition of my remains if done in reliance on this authorization.
4. My estate, heirs, legal and personal representatives, at their sole expense, shall defend, hold harmless, and indemnify any such funeral home, cemetery and/or cremation authority from any claim, liability, suit cause of action, cost, or expense (including without limitation, reasonable attorneys' fees) incurred by any of them and resulting in any way from their reliance on or performance consistent with this Authorization.

Date Signed

UNDER WASHINGTON LAW, TO BE VALID THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A WITNESS:

WITNESS