

OREGON DISPOSITION INSTRUCTIONS

1. I am _____, of _____, Oregon. Pursuant to ORS 97.130(1), I appoint AGENT 1 and/or AGENT 2 and/or AGENT 3 as the individuals with the authority to direct the handling of my remains. The signature of any one of these individuals shall be sufficient to direct the handling of my remains.

2. This is the original document, containing permission to control the disposition of my remains, but I direct that a copy of it shall be as effective as an original.

3. If I have not already done so, I authorize my agent to arrange for organ donation upon my death to the extent allowed by law. I wish to donate (initial one):

_____ A: Any organ and tissue.

_____ B: Only the following organs or tissues: _____.

_____ C: My entire body for medical education.

_____ No organ donation. I do not want to make an organ or tissue donation and I do not want my healthcare representative or other agent or family to do so.

4. I have the following medical implant(s) which needs to be removed:

_____.

5. I wish to be buried/cremated/_____. I authorize and direct my agents, or the funeral home or mortuary selected by my agent to dispose of my remains as directed by my agent or to transfer any physical remains to my agent, in my agent's sole discretion.

6. I authorize and direct that any jewelry, valuable metals, or prostheses, be disposed of according to the direction of my agent or transferred to my agent, in my agent's sole discretion.

DATED this ____ day of _____.

Signature

STATE OF OREGON _____): ss.

County of _____)

On this __ day of _____, before me personally appeared _____, and acknowledged to me that he/she/they executed this document freely and voluntarily.

Notary Public for Oregon