

State of Minnesota
Final Disposition Declaration

Chapter 149A.94 Final Disposition

I, _____ (Legal Name) hereby designate

_____ (Legal Name) of

_____ (Address)

as my designee under the Minnesota Final Disposition Act.

My designee shall have the sole responsibility for making decisions concerning the final disposition of my remains and the ceremonies to be performed after my death. This Final Disposition declaration hereby revokes all prior Final Disposition declarations. This designation becomes effective upon my death. My designee shall act in a manner that is reasonable under the circumstances and follow my wishes as set forth in my **Before the After** documentation.

I may revoke or amend this final disposition declaration at any time. I agree that a third party (such as a funeral or cremation establishment, funeral director, or cemetery) who receives a copy of this final disposition declaration may act in reliance on it.

Revocation of this final disposition declaration is not effective as to a third party until the third party receives notice of the revocation. My estate shall indemnify my designee and any third party for costs incurred by them or claims arising against them as a result of their good faith reliance on this declaration.

Signed this _____ day of _____, 20____

(Your Signature)

Acknowledgement of Designee

I accept to act under the appointment above and those outlined in Before the After documents.

Printed Legal Name of Designee

Date

Signature of Designee

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Minnesota

County of _____

This document was acknowledged before me on this _____ day of _____, 20____

Signature of Notary Public for the State of Minnesota

My commission expires: _____