DISPOSITION OF REMAINS AND APPOINTMENT OF AGENT - CONNECTICUT

as authorized by Chapter 802b, Sec. 45a-318, of the Connecticut statutes

I, _____, residing at _____, being of sound mind, make known that upon my death my body shall be disposed of in the following manner:

_____

_____

_____

(Insert desired disposition directions - attach additional sheets if necessary)

I appoint _____, having an address and telephone number of

_____, to have custody and control of my body to act as my agent to carry out the disposition directions expressed in this document, and in the absence of disposition directions, to have custody and control of my body and to determine

the disposition of my body. If _____ shall decline to act or cannot be located within forty-eight hours of my death or the discovery of my body, then

_____, having an address and telephone number of

_____, shall act in that person's place .

Executed at _____, Connecticut on this date, _____

_____
(Signature)

(continued on reverse)

Signed in our presence by _____ who, at the time of the execution of this document, appeared to be of sound mind and over eighteen years old.

_____ of _____

_____-(Signature of witness)

_____ of _____

_____-(Signature of witness)