



**ARBOR SOCIETY**  
simple, dignified and affordable final services

**DESIGNATION OF AFTER-DEATH DECISION MAKING AUTHORITY**

I, \_\_\_\_\_, hereby name \_\_\_\_\_  
as the person who is authorized to make any and all decisions relating to  
disposition of my remains. This power is granted under Nebraska Revised  
Statute 71-1339. I intend my decision-maker to have the power to dispose of  
my remains as he/she chooses and to make any arrangements for a funeral or  
memorial service. My specific wishes are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

I hereby certify this document was signed in my presence by the person named  
above as the individual granting after-death decision making authority on this  
date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

(Notary Public)



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