



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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