

NO IMMEDIATE FAMILY AUTHORIZATION

Having no members of my immediate family to handle the final arrangements after my death, I hereby authorize (name and address of person) to make all necessary arrangements for my final disposition (i.e. burial, donation or cremation) after my death.

(Date of authorization)_____

(Signature of authorizer)_____

(Date) State of Maine

County of _____

The foregoing instrument was acknowledged before me this date by (signature of authorizer).

(Signature of Notary)_____