DECLARATION OF DISPOSITION OF LAST REMAINS

	I,, being of sound mind and lawful age, hereby re	voke all prior
	rations, wills, codicils, trusts, powers of appointment, and powers of attorney regarding th	e disposition of my last
remai	ns, and I declare and direct that after my death, the following provisions be taken:	
	1. If permitted by law, my body shall be (<i>initial <u>ONE</u> choice</i>):	
	Buried. I direct that my body be buried at	
	Cremated. I direct that my cremated remains be disposed of as follows:	
	Cremated. I direct that my cremated remains be disposed of as follows	
	Entombed. I direct that my body be entombed at:	_
	Other. I direct that my body be disposed of as follows:	_
	Disposed of as (name of designee) shall decide in writing	
	is unwilling or unable to act, I nominate a	as my alternate designee.
	2. I request that the following ceremonial arrangements be made (initial desired choice I request (name of designee) make all arrangements for any with my directions set forth in this declaration. If is a ct, I nominate as my alternate designee.	e or choices): ceremonies, consistent unwilling or unable to
	Funeral. I request the following arrangements for my funeral:	
	Memorial Service. I request the following arrangements for my memorial service	
speci	3. Special Instructions. In addition to the instructions above, I request (on the following ial requests regarding ceremonies or lack of ceremonies):	- · ·
	NOTE: those persons or entities asked to carry out a declarant's intent regarding remains and ceremonial arrangements need do so only if the declarant's intent is circumstances. "Reasonable under the circumstances" may take into consideration known prepaid funeral, burial, or cremation plan of the declarant, the size of the cultural or family customs, the declarant's religious or spiritual beliefs, the known ascertainable creditors of the declarant, and the declarant's financial situation principles.	reasonable under the on factors such as a declarant's estate, in or reasonably
party	I may revoke or amend this declaration in writing at any time. I agree that a third party veclaration may act according to it. Revocation of this declaration is not effective as to a tlearns of my revocation. My estate shall indemnify any third party for costs incurred as against the third party because of good-faith reliance on this declaration.	hird party until the third
	I execute this declaration as my free and voluntary act, on, 2	0
	Declarant	

THE FOLLOWING SECTION REGARDING ORGAN AND TISSUE DONATIONS IS OPTIONAL. TO MAKE A DONATION, INITIAL THE OPTION YOU SELECT AND SIGN BELOW.

In the hope that I might help others, I here	eby make an anatomical gift, to be effective upon my death, or:
A Any needed organs/tissues.	
B The following organs/tissues:	·
	Declarant/Donor Signature
	NOTARY OPTIONAL
STATE OF COLORADO)) ss. COUNTY OF LA PLATA)	
Acknowledged before me by, 20	, Declarant, on this day of
Witness my hand and official seal.	
	Notary Public
	My commission expires