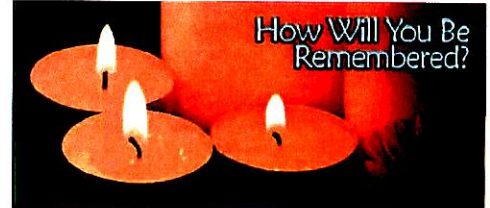


Funeral and Burial Instructions

In the event of serious illness or disability, or upon death,
please notify my law firm:

Elder Law Firm of Anderson Associates.

Marquette, MI 49855



1. LOCATION OF IMPORTANT PAPERS

- a. Trust/Will Binder _____
- b. Life Policies & Stocks _____
- c. Retirement and IRA info. _____
- d. Deeds _____
- e. Pension Booklet and Summary _____
- f. Safe Deposit Box _____

Name of Bank _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

- g. Marriage License _____
- h. Veteran's Discharge Papers _____
- i. Home Safe Combination _____

2. MY LAST WISHES AS TO FUNERAL AND CREMATION

- a. I want my designated representation (page 4, item 7) to make all decisions about my funeral and cremation, and I decline to make any decisions below.
- b. Cremation No Cremation
- c. Funeral Service No funeral Service
- d. Location of funeral service, if desired. _____

e. Arrangements for viewing:

Viewing desired Viewing not desired

f. Hymns desired if funeral services is desired: _____

g. Pallbearers desired if funeral service is desired: _____

h. Size of funeral service desired:

Private family only Public invited

i. Which newspapers to place obituary in (if none, write "none"): _____

j. Memorial donations:

Instead of flowers, which charities to receive donations:

None desired

k. Choice of Funeral Director:

Name of Director _____

No choice at this time

l. Other funeral wishes: _____

3. MY LAST WISHES AS TO BURIAL

a. I want my designated representative (page 4, item 7) to make all of my burial decisions, and I decline to make any selections below.

b. If cremated, desired disposition of ashes: _____

c. If no cremation, desired burial of body: _____

d. Wishes as to casket (if applicable):

Modest costs

Specific selection _____

e. Wishes as to vault (if applicable):

Modest cost

Specific selection _____

f. Grave site service:

Not desired

Specific wishes, if desired _____

g. Maintenance of grave site and flowers:

Not desired

Specific wishes, if desired _____

h. Headstone preference:

Not desired

Specific wishes, if desired _____

i. Other specific wishes: _____

**4. SUGGESTED INSTRUCTIONS CONCERNING RELIGIOUS
OBSERVANCES**

**5. SUGGESTED SOURCE OF FUNDS FOR IMPLEMENTING FINAL
DISPOSITION**

6. RELIANCE ON WISHES

I hereby agree that any funeral director, crematory authority, or cemetery authority that receives a copy of this document can act under it.

7. APPOINTMENT OF REPRESENTATIVE IN CHARGE OF FUNERAL AND BURIAL

Name of Representative: _____

Alternate: _____

8. PERSON TO NOTIFY IF SERIOUSLY ILL, DISABLED OR UPON MY DEATH

a. Name of Person: _____

Address: _____

Telephone: _____

b. Name of Person: _____

Address: _____

Telephone: _____

c. Name of Person: _____

Address: _____

Telephone: _____

d. Name of Person: _____

Address: _____

Telephone: _____

e. Name of Person: _____

Address: _____

Telephone: _____

DATED: _____

Witness