

POWER OF ATTORNEY

STATE OF _____)
)SS:
COUNTY OF _____)

_____ (the "AGENT") of the Funeral Home listed below is hereby constituted and appointed by the undersigned (the "PRINCIPAL") as my true and lawful attorney with full power in my name and stead and on my behalf and with full power to substitute at any time or times for any of the purposes described below one or more attorneys and to revoke the appointment of any attorneys so substituted and to do any of the following items that have been designated below by my initials:

(Initials) 1. Cemetery Contracts. To arrange and purchase cemetery goods and services and to enter into contracts with cemeteries and/or cemetery operators on my behalf and for the benefit of the Decedent named below, and in regard thereto, to execute cemetery contracts upon such terms and conditions as my said Agent shall think fit.

(Initials) 2. Cemetery Authorizations. To execute on my behalf and with my authority, all interment orders, vault setting authorizations, memorial/ marker installation orders, releases, indemnifications or other documents related to the interment of the Decedent as may said Agent shall think fit.

(Initials) 3. Prepayment of Arrangements. To arrange for the prepayment and/or payment of cemetery arrangements set forth in Paragraph 1, and to make prepayments and/or payments for such goods and services utilizing my funds. My Agent is authorized to enter into insurance policies and trust agreements as part of the prepayment or payment of cemetery expenses.

(Initials) 4. Monitor Interment. To monitor the interment of the remains of the Decedent and to undertake all actions related thereto, including, but not limited to approving or disapproving the actions of cemetery personnel in carrying out the interment, and issuing or withholding the transfer of the burial permit to the cemetery.

I hereby give and grant unto my said Agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done to effectuate the powers set forth above as fully to all intents and purposes as I might or could do, if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Agent or substitute shall do, or cause to be done, by virtue hereof.

This Power of Attorney shall survive any disability to myself at any future time.

This Power of Attorney shall expire on _____ or upon my
(Expiration Date)
death, whichever occurs first.

Signature of Principal

PRINCIPAL'S NAME: _____

PRINCIPAL'S ADDRESS: _____

DECEDENT: _____

DATE OF DEATH: _____

FUNERAL HOME: _____

Be it remembered, that on this _____ day of _____, _____, before me a notary public in and for said county and state, personally appeared the above named Principal, known to me to be the same person described in and who executed this Power of Attorney, and acknowledged that the Principal did sign the foregoing instrument and that the same is the Principal's voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal, on the date and year last above mentioned.

Notary Public

My Commission Expires:

County of Residence

This instrument was prepared by:
T. Scott Gilligan, Esq.
Gilligan Law office
3734 Eastern Avenue
Cincinnati, Ohio 45226