

Figure 1: Sample Affidavit

STATE OF MONTANA

County of _____
Name of County

I, _____
Person designating another person to control the disposition of the person's remains

do hereby designate _____
Person who is provided with the right to control the disposition

with the right to control the disposition of my remains upon my death. I have ____ or have not ____ attached specific directions concerning the disposition of my remains with which the designee shall substantially comply, provided the directions are lawful and there are sufficient resources in my estate to carry out the directions.

Subscribed and sworn to before me this _____ day of _____
Date Month, Year

(SEAL)

Signature Line for Notary

Name of Notary (printed or typed)

Notary of Public of State of Montana
Residing at _____, Montana
My Commission Expires: 20_____