



Affidavit of Heirs for Cremation

STATE OF <u>Arizona</u>	
COUNTY OF Maricopa §	
I/ We hereby certify and attest that I/We knew	(the "Decedent")
forand am/are the	of Decedent.
I/We reside at	. It is my/our understanding
and belief that decedent desired his/her rem	nains to be cremated. To the best of my/our knowledge,
Decedent hassurviving relati	ves, next-of-kin or legal heirs to direct the final disposition
of Decedent's remains. I/We have no reason	to believe that there will be any objection to the cremation
of Decedent.	
I/We hereby authorize Simply Cremation	to prepare and make arrangements for the cremation of
the remains of Decedent at Lifeplan Cre	ematory . I/We have executed the attached Cremation
Authorization and the cremation will be carried	ed out in accordance with the terms and conditions of such
Authorization. I/We further agree to indemnify	y and hold harmless the Funeral Home, Crematory, and their
affiliates, officers, directors, employees, repre	esentatives, agents, and assigns from any and all liabilities,
claims or causes of action arising out of, or in	any way connected with, my representation, authorization
and instructions to cremate the remains of Dec	cedent.
Printed Name	Signature and Relationship to Deceased
Printed Name	Signature and Relationship to Deceased
Printed Name	Signature and Relationship to Deceased
BEFORE ME, THE UNDERSIGNED, A	A Notary Public, on this day personally appeared , known to me to be the person
whose name is subscribed to the foregoing instance for the purposes and consideration there	, known to me to be the person strument and acknowledged to me that he/she executed the in expressed.
Given under my hand and seal of office this _	day of, 20