

**Assignment of the Right to Control Disposition
Pursuant to Health and Safety Code Section 7100**

Assignor

To Whom It May Concern:

I/We, _____, hereby authorize and assign
person or persons with 7100 right

_____ to make any and all funeral
person or persons to assume responsibility

and disposition arrangements for _____,
name of decedent

my/our _____, subject to the following limitations,
relationship

if any, listed below (specify, or write "none" as applicable):

I/We certify that I/we are/am the person(s) with the right to control the disposition and to arrange for funeral goods and services to provided for the above decedent pursuant to Health and Safety Code §7100 or §7105. I/We further certify that to the best of my/our knowledge and belief, the decedent did not leave directions which were fully funded by any trusts, insurance, commitments by other, or any other effective and binding means pursuant to Health and Safety Code §7100.1.

Signature of person(s) assigning 7100 rights

Date

Signature of witness

Date

Assignee

I/We, the undersigned, hereby agree to accept the responsibility set forth herein and fully understand that I/we shall carry out the duties imposed by law on me/us of the person(s) having the right to control the disposition of the above decedent, subject to the limitations, if any, imposed herein.

Signature of person(s) accepting the assignment

Date

Signature of Witness

Date