

Designated Agent for Funeral Arrangements Washington State

I, _____, hereby designate the following agent(s) to act on my behalf for the sole purpose of directing my funeral arrangements.

have have not (mark one) executed a written Disposition Authorization.

Funeral Home Name: Recompose (or Insert Other: _____)

If I have not executed a written disposition authorization, nor filed or prepaid my arrangements with a licensed funeral establishment or cemetery authority, then I authorize my designated agent to select appropriate funeral arrangements for me including the type, place, and method of the final disposition. Neither my designated agent nor my survivors may substantially alter any pre-arrangements I have made. If I have not provided sufficient funds to cover my pre-arrangements, the designated agent is responsible for the balance of my funeral and cemetery costs. I direct that my estate promptly reimburse my designated agent for any personal funds advanced to pay for my funeral arrangements. My designated agent has complete authority to act on my behalf and direct any and all details related to my funeral arrangements that I have not already pre-arranged or authorized, including but not limited to obituary, funeral, memorial service, cemetery, monument, memorialization, reception, or other related matters.

I name the following person to be my designated agent for funeral arrangements:

Primary Agent's Full Name:	Relationship:
Primary Agent's Address:	Primary Agent's Phone(s):
Primary Agent's Email:	



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If my Primary Agent is either unable or unwilling to serve in this capacity or does not make contact with the funeral home within 5 business days of my death, I then name the following person to be my designated agent for funeral arrangements:

Alternate Agent's Full Name: ______ Relationship: _____

Alternate Agent's Address: ______ Alternate Agent's Phone(s):_____

Alternate Agent's Email: _____

I direct that all of my family and survivors shall honor this authorization. I direct that any funeral home, cemetery, cremation authority, memorial society, or designated agent shall be held harmless for arranging or handling the disposition of my remains, if done in reliance upon this authorization.

Signature:	Date:
person's spouse or a person with that	Date: Date: s agent may sign this form during their lifetime. No one else, e.g. that person's Power of Attorney, may sign it except in special circumstances.
If you are signing this form for another	person, please be sure you have the legal authority to do so.)
Full Legal Name:	Date of Birth:
Email:	
If this document is signed on paper, no presence of a witness. If it is signed e	ot electronically, then Washington law requires it be signed in the lectronically, no witness is required.
Witness Signature:	Date:
Full Legal Name of Witness:	Date of Birth:
Address of Witness:	

If you have questions about this form, please feel free to get in touch with us. If you didn't fill this out using our online form, please email a copy to the address below.

> Email: info@recompose.life Phone: (206) 800 TREE

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Disposition Authorization

Part 1. Disposition Option

I, _____, hereby declare that it is my desire, based upon the authority of the Revised Code of Washington 68.50.160, to direct and authorize that **upon my death my remains undergo natural organic reduction with Recompose.**

If natural organic reduction is not reasonably availably as an option in my area or within my means upon my death, my alternate choice of disposition of my body is (choose ONE):

Alkaline hydrolysis
Burial
Cremation

Part 2. Soil

The Recompose process creates an entire cubic yard of soil per person. This weighs several hundred pounds and typically requires a truck or trailer to move. This is part of the reason why Recompose is proud to make the conservation trust option available. You have two options for what to do with the bulk of the soil:

1. Donate Your Soil for Conservation: Because of the large amount of soil created, we are proud to offer this option, where you can become part of a protected mountain wilderness. If you undergo natural organic reduction in our Seattle area facility and donate the soil created, then we will transport the donated soil to Bells Mountain land trust in southern Washington. The stewards of Bells Mountain use the soil donated by the Recompose community to support wetlands, riparian habitats, local plants, and vulnerable wildlife species. Starting in 2021, the forest will be open for tours by you or your family and friends.

This option of soil donation and transport is free of charge and included in your purchase of Precompose.

2. Retain Your Soil: If you choose not to donate your soil, then your designated agent (or next-of-kin, if you haven't designated an agent) will have to commit to transporting it where you desire it to go, and your designated agent, next-of-kin, or estate will be liable for all logistics and costs for such transportation. In such case, at least in the state of Washington, your soil can be used to nourish the land in any place you choose, so long as you have permission of the landowner.

Whether you choose to donate your soil or not, each Precompose plan also comes with a small container of soil, which can be mailed to whomever you designate. This can be used to fulfill other wishes, such as scattering on a favorite hiking trail or garden, or using at the base of a new or beloved tree. Additional containers can also be purchased. This part of the form allows you to make all these decisions in advance.



Disposition Authorization

PLEASE CHOOSE ONE:

SOIL DONATION

I choose to donate the remaining soil (minus any small container/s selected below) from my NOR to Bells Mountain. I understand that Recompose will transport the soil there at no additional charge, where it will be used in a permanently protected wilderness to revitalize the forest, which can be visited starting in 2021. I understand donated soil will be combined with soil from other persons, either during shipment or upon delivery, and I consent to that mixing.

SOIL RETENTION

I do NOT choose to donate the remaining soil (minus any small container/s selected below) from my NOR. I understand that my designated agent, next of kin, or estate will be responsible for all costs and logistics involved in transporting the soil from Recompose to its final destination, and I agree that my agent or next of kin will arrange for such transport within ten (10) days of Recompose stating that the NOR has been completed. After 10 days, my agent, next-of-kin, or estate may be billed for storage fees.

If my agent or next-of-kin is unable to execute the pickup, transport, and delivery of the full volume of this soil, my designated agent may direct my soil to be donated.

Whether or not you choose to donate your soil, your purchase of Precompose also includes one 64-ounce container of soil, plus shipping up anywhere in the United State, up to a cost of \$40. If you have a person who you would like to receive this container, please list their information here:

Name:	
Address:	
Phone:	
Email:	

Please note soil remains cannot be shipped internationally or to some U.S. addresses.

If no individuals are listed above, I understand that the entirety of my soil will be either delivered to Recompose's ecological partners, or must be transported by my agent, whichever option I have chosen above.



Disposition Authorization

Additional Recipients of Soil

I understand I can designate additional containers of soil to be delivered to the recipients of my choosing at the price of \$25 each plus shipping, charged to my agent or estate. Your agent can either pick up containers at our Seattle-area facility or have them shipped for \$75 each. Designate additional persons to receive soil here:

Name:	
Address:	
Phone:	
Email:	
Name:	
Address:	
Phone:	
Email:	

I would also allow other persons, not named herein, to take an amount of soil with them, if approved by my designated agent or next-of-kin (choose ONE):



Other notes or restrictions I would like made regarding the soil created by my NOR (places to scatter, persons specifically not authorized to receive soil, other requests – if you have none, please write "none"):



Disposition Authorization

Part 3: Authorization

I direct that all of my family and survivors shall honor this authorization. I direct that no funeral home, cemetery, cremation authority, or memorial society shall be liable for arranging for or undertaking the disposition of my remains, if done in reliance on this authorization.

Signature: _____ Date Signed: ______

Printed Name: _____

Only the person who is authorizing this disposition may sign this form during their lifetime. No one else (for example that person's spouse or a person with that person's Power of Attorney) may sign it except in special circumstances. If you are signing this form for another person, please confirm you have the legal authority to do so.

If this document is signed on paper, not electronically, then Washington law requires it be signed in the presence of a witness.

Witness Signature:	Date Signed:
Printed Name of Witness:	Phone number:
Address of Witness:	

If you have questions about this form, please feel free to get in touch with us. If you didn't fill this out using our online form, please email a copy to the address below.

> Email: info@recompose.life Phone: (206) 800 TREE

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Transport Form

I, _____, hereby declare that it is my desire that upon my death my remains be transported to Recompose's Seattle-area location by:



Recompose (from within Washington)

Another funeral home (from outside Washington)



My friends and family

If you chose:

Recompose (from within King, Snohomish, or Pierce counties)

Then, at the time of you death, your agent or family should contact Recompose at (206) 800-TREE (8733). The cost of your transport will be covered by Recompose.

Recompose (from within other Washington counties)

Then, at the time of your death, your agent or family should contact Recompose at (206) 800-TREE (8733). An additional cost will be charged to your estate.

Another funeral home (from outside Washington)

Then, at the time of your death, your agent or family should contact Recompose at (206) 800-TREE (8733) as well as the funeral home below:

Name of funeral home:
Address:
Phone number:
Point of contact (if available):

The cost of your transport will need to be paid to the transporting funeral home either in advance or at the time of death before transport can be completed.



Transport Form

Your friends and family

If you request that your friends and family drive your body to the Recompose location in Seattle personally, then at the time of your death, your agent or family should contact Recompose, who will assist in obtaining a death certificate and burial transit permit as legally required before transport.

Your designated agent, or next-of-kin if you have not designated an agent, is ultimately responsible for your transport after you die. If your agent (or next-of-kin, if you haven't designated an agent) is not the correct person to manage the cooling and transport of your body, then you will need to choose someone who will.

Please list the person who will manage the safe cooling and transport of your body (you do not need to fill this out if your agent or next-of-kin will manage this job.)

lame:
Relationship:
Address:
Phone number:
mail:

If you have questions about this form, please feel free to get in touch with us. If you didn't fill this out using our online form, please email a copy to the address below.

Email: info@recompose.life

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Vital Statistics Washington State

This is the information required to issue a death certificate in Washington state. If you are filling this out by hand, please print carefully. Contact us if you need a form with more space and we will provide one.

KEEP THIS WITH YOUR OTHER IMPORTANT PAPERS

If you didn't fill this out online, please mail or email it to us. We will attach it to your other paperwork.

PERSONAL INFORMATION				
Full Legal Name:	First	Middle	Last	
Other Name(s)/AKAs:	First	Middle	Last	
Date of Birth: (mm/dd/yyyy)		Email Used When Purchasing Precompose:		
Birthplace:	City	County	State	Country (if not USA)
Marital Status:	Never Married Widowed Registered Domestic Partner Married Divorced			
<i>If married, name of your spouse/partner:</i>	First	Middle	Last	
Father/Parent's Name: (before first marriage)	First	Middle	Last	
Mother/Parent's Name: (before first marriage)	First	Middle	Last	
Sex: Female	Ever served in the US Armed Forces?		Social Securit	y Number:
Male	Yes	No		
Other/X				
Race/s, please list all that apply: Hispanic Ethnicity: Yes No				
		Puerto Rico Cub Other/s	an	



Vital Statistics Washington State

RESIDENCE				
Street Address including any apartment number:				
City:	State	Zip/Postal Code	Country (if not USA)	
Resided at this address since:	Year	Is your residence inside city limits?		
		Yes No	Unknown	
Tribal Reservation Name:	Name of Reservation			

EDUCATION/OCCUPATION			
Education Completed	8 th grade or less	Some college, no degree	Masters Degree
(highest degree earned):	9 th -12 th grade, no diploma	Associate degree	Doctorate
	High school graduate or GED	Bachelor's Degree	Unknown
Occupation:	Do not use "retired." If retired, give your former occupation/s, for example, "Teacher" or "Doctor"		
Kind of work done for most of working			
life:			
Kind of business or industry:	Do not use your company name, but the field, for example, "Education" or "Healthcare"		

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