MAY-10-2007 17:11 WOODLAWN MEMORIUM G-10 4075219848 P.005/005

TACH BOOKLET HERE

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, as a legally authorized person as defined in Florida Statutes 497.005(37), to authorize the cremation, processing and disposition of the remains of HAROLD HASKEN (Harold) (Name of Deceased) (hereinafter referred to as the "Deceased"). I/We further certify, warrant and represent that I/we am/are not aware of any objection to the cremation of the Deceased's human remains by anyone in the same class of legally authorized person as myself/ourselves or in a higher priority class of legally authorized person. X (Initial)

Date of Death MAY 9, 2007 Time of Death _____ ☐ A.M. ☑ P.M.

_____ (Initial) To the best of my knowledge, the Deceased has no surviving relatives.

I/We hereby request and authorize COLLISON CAREY HAND (Name of Funeral Home) (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at WOODLAWN CREMATORY (Name of Crematory) (hereinafter referred to as the "Crematory"), and I/we give the Crematory the authority to cremate the remains of the Deceased. Cremation will be completed within 3 business days following receipt by Crematory of all required approvals. Legally Authorized Person X _____ Arranger _____

I/We hereby authorize the Crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☐ No Describe _____

Description of urn or container selected: TEMPORARY Suitable for shipping: ☐ Yes ☐ No

☐ Deliver to _____ (Name and Address of Cemetery) Cemetery

☐ Release to family _____ (Name of Designated Family Member to Receive Cremated Remains)

☐ Scattering at sea by Funeral Home or Funeral Home's agent

☐ Ship via U.S. Registered Mail®

To: Name LYDIA OSTRANDER Address 6551 ANN ARBOR Rd. JACKSON MICHIGAN 49201