

AUTHORIZATION FOR FINAL DISPOSITION

I, James and Sandy Engandela

(Print Name)

Residing at S15700 County Road U, Strum WI 54770

(Print Mailing Address)

being of sound mind, willfully and voluntarily make known by this document my desire that, upon my death, the final disposition of my remains be under the control of my representative under the requirements of section 154.30, Wisconsin statutes, and, with respect to that final disposition only, I hereby appoint the representative and any successor representative named in this document. All decisions made by my representative or any successor representative with respect to the final disposition of my remains are binding.

Name of Representative Jane Norby

Address 239 Corydon Road Eau Claire, WI. 54701

Telephone number (include area code) Mobile C715-563-4254 H715-839-7798

If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individuals, each to act alone and successively, in the order specified, to serve as my successor representative:

1. Name of first successor representative Joann Edwards

Address 2101 South Meridian Road #304 Apache Junction, AZ 85120

Telephone number (include area code) cell 563-940-0254

2. Name of second successor representative Susan Hansen

Address 11109 117 St. N. Largo, FL 33778

Telephone number (include area code) 224-735-9401

SUGGESTED SPECIAL DIRECTIONS

1. Arrangements for a viewing.
2. Funeral ceremony, memorial service, graveside service, or other last rite.
3. Burial, cremation and burial or other disposition, or donation of the declarant's body after death.

Jim and Sandy Engandela want to be cremated and no funeral or memorial service is necessary. Jim and Sandy's ashes are to be spread on the main spring (Giner Spring) on the Pleasant Valley property.

SUGGESTED INSTRUCTIONS CONCERNING RELIGIOUS OBSERVANCES

No religious service or observances are desired.

SUGGESTED SOURCE OF FUNDS FOR IMPLEMENTING FINAL DISPOSITION DIRECTIONS AND INSTRUCTIONS

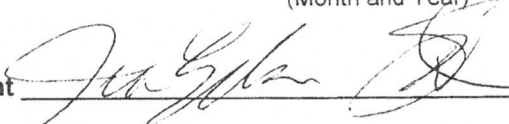
Fund necessary for cremation can be drawn from our bank accounts.

This authorization becomes effective upon my death. I hereby revoke any prior authorization for final disposition that I may have signed before the date that this document is signed.

I hereby agree that any funeral director, crematory authority, or cemetery authority that receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to a funeral director, crematory authority, or cemetery authority until the funeral director, crematory authority, or cemetery authority receives actual notice of the modification or revocation. No funeral director, crematory authority, or cemetery authority may be liable because of reliance on a copy of this document.

The representative and any successor representative, by accepting appointment under this document, assume the powers and duties specified for a representative under section 154.30, Wisconsin statutes.

Signed this 24 day of 7 - 2023
(Day) (Month and Year)

Signature of declarant 

I hereby accept appointment as representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of representative _____

I hereby accept appointment as successor representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of first successor representative _____

Signed this _____ day of _____
(Day) (Month and Year)

Signature of second successor representative _____

I attest that the declarant signed or acknowledged this authorization for final disposition in my presence and that the declarant appears to be of sound mind and not subject to duress, fraud, or undue influence. I further attest that I am not the representative or the successor representative appointed under this document that I am aged at least 18, and that I am not related to the declarant by blood, marriage, or adoption.

1st Witness (print name) Nicholas A. Heike

Signature 

Address 135 E. Main St., Mondovi, WI 54755

Date (Month, Day, Year) 7/24/23

2nd Witness (print name) Kimberly A. Nelson

Signature 

Address 135 E. Main St., Mondovi, WI 54755

Date (Month, Day, Year) 07/24/2023

In lieu of two witnesses signing this form, the declarant may sign it in the presence of a notary public.

State of Wisconsin, County of _____

On (date) _____, before me personally appeared

(name of declarant) _____ known to me or satisfactorily proven to be the individual whose name is specified in this document as the declarant and who has acknowledged that he or she executed the document for the purposes expressed in it. I attest that the declarant appears to be of sound mind and not subject to duress, fraud, or undue influence.

Notary Public Name: _____ Signature _____

My commission expires (date) _____

(Seal)