



LAST WILL AND TESTAMENT FOR HUMAN REMAINS AND AUTHORIZATION OF ANATOMICAL DONATION

7895 East Acoma Drive, Suite 110
Scottsdale, AZ 85260-6916

- 1) I, «FNAME» «MNAME» «LNAME», now residing at «ADDR1», «CITY», «STATE» «ZIP», being of sound mind and memory, and over the age of majority, declare this to be my Last Will and Testament regarding my human remains, which declaration may only be revoked by a subsequent testamentary document making specific reference by document and date revoking this declaration. It is my wish that upon my legal death my human remains be preserved by the cryogenic treatment known as cryopreservation.
- 2) For this purpose, and in accordance with the laws governing anatomical donations, I hereby:
 - a) donate my human remains to the Alcor Life Extension Foundation, Inc. ("Alcor"), a California non-profit corporation, registered with the Internal Revenue Service as a tax-exempt scientific and educational organization, having its principal office and place of business at 7895 E. Acoma Dr., #110, Scottsdale, AZ 85260-6916, such donation to take place immediately after my legal death, and
 - b) direct that upon my legal death my human remains be delivered to Alcor or to its agents or representatives, at such place as they may direct.
- 3) I further direct that, when and where possible, such delivery shall take place immediately after my legal death, without embalming or autopsy.
- 4) I further declare that I have not received any remuneration whatsoever in connection with this donation of my human remains, and that I have made this donation for the purpose of furthering cryobiological and cryonic research.
- 5) I understand and intend that this Anatomical Donation gives Alcor full and complete custody and control of my human remains.

6) I further intend and direct that such custody and control give Alcor status of "next-of-kin" regarding my human remains, so that Alcor shall have the authority to accomplish any necessary actions in connection with this anatomical donation. As part of granting this status, I specifically authorize Alcor to:

- a) direct cremation or other disposition of any non-cryopreserved portion of my human remains.
- b) request and receive copies of any and all medical or psychiatric records regarding treatment I may have received at any time during my life.

7) I understand that cryopreservation of my human remains constitutes a research project, and that cryopreservation is not consistent with contemporary medical or mortuary practice. As stated in the other forms I have signed for Alcor, I understand that there are no guarantees or any known probability that the procedure of cryopreservation will be successful.

8) If a legal challenge is raised to this Authorization of Anatomical Donation, I authorize Alcor to take custody of, and have full and complete control over, my human remains by whatever legal means may be available for the purpose of placing them into cryopreservation. If a legal challenge to this procedure is raised by any institution, individual(s), or government agency, I authorize Alcor to use monies from my Cryopreservation Fund to pay for the legal expenses involved in defending its authority and ability to place my human remains into cryopreservation.

9) In witness thereof, I hereby sign, publish, and declare this to be my Last Will and Testament regarding my human remains unless revoked as specifically provided within this agreement, and this document is signed in conjunction with the **Cryopreservation Agreement** and the **Consent for Cryopreservation**, all three of which together constitute my last wish and instruction concerning the disposition of my human remains following my legal death.

Signature of Donor

_____\ | ____\ | 20____
Month Day Year

_____(a.m./p.m.)
Time

WITNESSES' SIGNATURES

[Two (2) witnesses are required to sign in the presence of each other, the Donor, and a Notary Public. At the time of signing, witnesses must not be relatives of the Donor, health care providers of any kind, or officers, directors, or agents of Alcor. The witnessing Notary Public must then notarize this document on the final page. COMPLETION OF NOTARY FORM IS OPTIONAL IN THE STATE OF CALIFORNIA.]

We, the undersigned witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Donor signs and executes this instrument as his/her Last Will and Testament regarding his/her human remains, and that the Donor signed this document willingly, and that each of us, in the presence and hearing of the Donor hereby signs this Will as Witness to the Donor signing, and that to the best of our knowledge, the Donor is over the age of majority, of sound mind and memory, and under no constraint or undue influence. We further affirm that we are not relatives of the Donor, health care providers of any kind, or officers, directors, or agents of Alcor.

WITNESSED ON (MM\DD\YY) _____ \ _____ \ 20____ TIME _____ (a.m.\p.m.)

1. Signature _____

Printed _____

Social Security # (optional) _____

Address _____

City, State, Zip _____

2. Signature _____

Printed _____

Social Security # (optional) _____

Address _____

City, State, Zip _____

PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETION.

- 1. All blanks must be correctly completed by a notary public and notarial seal provided before this document can be approved.**
- 2. The notary cannot be a witness.**
- 3. Notarization is optional in the state of California.**

STATE OF)
) ss
County of)

My commission expires:

SUBSCRIBED, SWORN TO and ACKNOWLEDGED before me by _____,
MEMBER NAME

the Donor/Testator, and subscribed and sworn to before me by _____ and
WITNESS NAME

_____, the witnesses, on (MM\DD\YY) ____ \ ____ \ 20____.
WITNESS NAME

PRINTED NAME OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

SEAL HERE