DIRECTIVE FOR FINAL DISPOSITION

I. PARTIES:

"Funeral Home: Wiederspahn-Radomsky Chapel of the Chimes

"I": _____
(name of person entering into pre-arrangement conyract)

II. CONSENT:

I represent that the arrangements set forth in my contract titled "Agreement for Memorial Services" made with Cheyenne Memorial Trusts, Inc. are my wishes for final disposition.

III. APPLICATION:

I understand that the funeral home is required to follow these instructions under Wyoming Law unless they receive written, notarized instructions authorizing changes.

IV. AUTHORITY TO CHANGE: (Place your initials next to one of the following)

_____ Only I can make changes to the wishes for my final disposition.

_____ The REPRESENTATIVE, as defined in W.S. 2-17-101 (b), may make changes at the time of my death.

_____ Only _____,
(name of person)
_____ may make changes to my wishes for
(relationship)
final disposition at the time of my death. Should this person precede me in death, no one else is granted the authority to make changes.

_____ ___/___/_____
Printed Name Date

_____
Signature

_____ ___/___/_____
Witness Printed Name Date

_____
Signature