



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Mark A. Fajardo, M.D.
Chief Medical Examiner-Coroner

DURABLE POWER OF ATTORNEY FOR RELEASE OF REMAINS AND/OR PROPERTY

I, _____ authorize _____ to handle and make
(Next of Kin) (Agent)
arrangements for the disposition of the remains of my _____,
(Relationship) (Decedent name)
Coroner Case number _____.
(Coroner Case number)

(Signature of next of kin)

Only complete the following section if you are assigning an agent to handle property related concerns or issues. (If property is to be mailed, or there is more than \$500 in cash, then a Property Release Form #7 will need to be obtained from the Coroner Property Section and signed and notarized as well.)

I, _____ authorize _____ to handle any and all property
(Next of Kin) (Agent)
related concerns or transactions for _____, to include picking up of any personal property
(Decedent name)
from the Los Angeles County Department of Medical Examiner-Coroner and to enter the premises of the decedent to handle any property or clean up services as required.

(Signature of next of kin)

Affix Notary Seal Here

Notarial Certificate for Acknowledgment

State of (_____), County of (_____) I certify that the following person(s)
personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name(s) of Principal(s) Date

Signature of Notary Printed Name of Notary My Commission Expires

Accreditations:

*National Association of Medical Examiners
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education*

*American Society of Crime Laboratory Directors/LAB-International
Peace Officer Standards and Training Certified*