

## **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF MEDICAL EXAMINER**



1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033

Odey C. Ukpo, M.D., M.S. Chief Medical Examiner

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

I,	residing at	telephone #:
(Next of Kin)	(Home a	address)
authorize(Age	to handle and make a	arrangements for the disposition of the remains of my
	,	, Medical Examiner Case #
Number: (Relationship) .	(Decedent name)	
		(Signature of next of kin)
		ated concerns or issues. (If property is to be mailed, or there is more edical Examiner Property Section and signed and notarized as well.)
I,(Next of Kin)	authorize(Agent)	to handle any and all property related concerns o
transactions for(Deceder	ions for, to include picking up of any personal property from the Los Angeles County  (Decedent name)	
Department of Medical Examiner as required.	and to enter the premises of the decedent to handle	le any property issues or concerns, or hire clean up services
	Notarial Certificate for Acknowle	(Signature of next of kin)
State of (	), County of (	) On
before me,	, a Notary Public, personally app	peared:
acknowledged to me that he/she/the		ame(s) is/are subscribed to the within instrument and capacity(ies), and that by his/her/their signatures(s) on the scuted the instrument.
I certify under <b>PENALTY OF PE</b> correct.	RJURY under the laws of the State of	that the foregoing paragraph is true and
Signature		FOR NOTARY STAMP
	OPTIONAL	
Description of the Attached Docum	nent:	
Number of Pages:		
Document Date:	_	(Rev. 09/23)

**Accreditations:**