



"Enriching Lives"

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



Jonathan Lucas, M.D.
Chief Medical Examiner-Coroner

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

I, \_\_\_\_\_ residing at \_\_\_\_\_ telephone #: \_\_\_\_\_
(Next of Kin) (Home address)

authorize \_\_\_\_\_ to handle and make arrangements for the disposition of the remains of my
(Agent)

\_\_\_\_\_, \_\_\_\_\_, Coroner Case Number: \_\_\_\_\_
(Relationship) (Decedent name)

(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 related concerns or
(Next of Kin) (Agent)

transactions for \_\_\_\_\_, to include picking up of any personal property from the Los Angeles County
(Decedent name)

Department of Medical Examiner-Coroner and to enter the premises of the decedent to handle any property issues or concerns, or hire clean up services as required.

(Signature of next of kin)

Notarial Certificate for Acknowledgment

State of \_\_\_\_\_, County of \_\_\_\_\_ On \_\_\_\_\_

before me, \_\_\_\_\_, a Notary Public, personally appeared: \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

Signature \_\_\_\_\_

FOR NOTARY STAMP

OPTIONAL

Description of the Attached Document: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Document Date: \_\_\_\_\_

(Rev. 02/18)

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