



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Odey C. Ukpo, M.D., M.S.
Interim 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. 02/22)

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*