



# Beddingfield Funeral Service

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## ASSIGNMENT OF THE RIGHT TO CONTROL DISPOSITION Pursuant to Health and Safety Code Section 7100

### Assignor

To Whom It May Concern:

I/We, (person(s) with 7100 right) \_\_\_\_\_, hereby authorize and assign (person(s) to assume responsibility) \_\_\_\_\_ to make any and all funeral and disposition arrangements for (name of decedent) \_\_\_\_\_, my/our (relationship) \_\_\_\_\_, subject to the following limitations, if any, listed below (specify, or write "none" as applicable):

\_\_\_\_\_  
\_\_\_\_\_

I/We certify that I/we am/are the person(s) with the right to control the disposition and to arrange for funeral goods and services to be provided for the above decedent pursuant to Health and Safety Code §7100 or §7105. I/We further certify that to the best of my/our knowledge and belief, the decedent did not leave directions which were fully funded by any trusts, insurance, commitments by other, or any other effective and binding means pursuant to Health and Safety Code §7100.1.

\_\_\_\_\_

Signature of person(s) assigning 7100 rights

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date

### Assignee

I/We, the undersigned, hereby agree to accept the responsibility set forth herein and fully understand that I/we shall carry out the duties imposed by law on me/us of the person(s) having the right to control the disposition of the above decedent, subject to the limitations, if any, imposed herein.

\_\_\_\_\_

Signature of person(s) accepting the assignment

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date