| 1-1 1-2 1-3 1-4 1-5 | By: Wray (Senate Sponsor - Rodríguez) (In the Senate - Received from the House May 8, 2019; May 10, 2019, read first time and referred to Committee on State Affairs; May 19, 2019, reported favorably by the following vote: Yeas 9, Nays 0; May 19, 2019, sent to printer.) |
|--|--|
| 1-6 | COMMITTEE VOTE |
| 1-7 1-8 1-9 1-10 1-11 1-12 1-13 1-14 1-15 1-16 | YeaNayAbsentPNVHuffmanX |
| 1 - 17 1 - 18 | A BILL TO BE ENTITLED AN ACT |
| 1-19 1-20 1-21 1-22 1-23 1-24 1-25 1-26 1-27 1-28 1-29 1-30 1-31 1-32 1-34 1-35 1-36 1-37 1-38 1-39 1-39 1-39 1-30 1-31 1-35 1-36 1-37 1-38 1-39 1-39 1-39 1-30 1-31 1-32 1-34 1-35 1-36 1-37 1-38 1-39 1-39 1-39 1-30 1-31 1-32 1-34 1-35 1-36 1-37 1-38 1-39 1-39 1-39 1-39 1-30 1-31 1-32 1-36 1-37 1-38 1-39 1-40 1-40 | <pre>relating to the disposition and removal of a decedent's remains. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: SECTION 1. Sections 711.002(b), (c), and (k), Health and Safety Code, are amended to read as follows: (b) The written instrument referred to in Subsection (a)(1) may be in substantially the following form: APPOINTMENT FOR DISPOSITION OF REMAINS I,</pre> |
| 1 - 41 1 - 42 | |
| $1-43 \\ 1-44 \\ 1-45 \\ 1-46 \\ 1-47 \\ 1-48 \\ 1-49 \\ 1-50 \\ 1-51 \\ 1-52 \\ 1-53 \\ 1-54$ | AGENT: Name: Address: Telephone Number: SUCCESSORS: If my agent or a successor agent dies, becomes legally disabled, resigns, or refuses to act, or if <u>my marriage to [I</u> divorce] my agent or successor agent <u>is dissolved by divorce</u> , <u>annulled</u> , or declared void before my death and this instrument does not state that the [divorced] agent or successor agent continues to |
| 1-55 1-56 1-57 1-58 1-59 1-60 1-61 | <pre>serve after my marriage to [divorce from] that agent or successor agent is dissolved by divorce, annulled, or declared void, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:</pre> |

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| 2-1 | Name: |
|--|---|
| 2-2 | Address: |
| 2-3 | Telephone Number: |
| 2-4 | 2. Second Successor |
| 2-5 | Name: |
| 2-6 | Address: |
| 2-7 | Telephone Number: |
| 2-8 | DURATION: |
| 2-9 | This appointment becomes effective upon my death. |
| 2-10 | PRIOR APPOINTMENTS REVOKED: |
| 2-11 | I hereby revoke any prior appointment of any person to |
| 2-12 | control the disposition of my remains. |
| 2-13 | RELIANCE: |
| 2-14 | I hereby agree that any cemetery organization, business |
| 2-15 | operating a crematory or columbarium or both, funeral director or |
| 2-16 | embalmer, or funeral establishment who receives a copy of this |
| 2-17 | document may act under it. Any modification or revocation of this |
| 2-18 | document is not effective as to any such party until that party |
| 2-19 | receives actual notice of the modification or revocation. No such |
| 2-20 | party shall be liable because of reliance on a copy of this |
| 2-21 | document. |
| 2-22 | ASSUMPTION: |
| 2-23 | THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS |
| 2-24 | APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY |
| 2-25 | THE PROVISIONS OF, SECTION 711.002, [OF THE] HEALTH AND SAFETY |
| 2-26 | CODE. |
| 2-27 | SIGNATURES: |
| 2-28 | This written instrument and my appointments of an agent and |
| 2-29 | any successor agent in this instrument are valid without the |
| 2-30 | signature of my agent and any successor agents below. Each agent, |
| 2-31 | or a successor agent, acting pursuant to this appointment must |
| 2-32 | indicate acceptance of the appointment by signing below before |
| 2-33 | acting as my agent. |
| 2-33 | Signed this day of, 20 |
| 2-34 | Signed this day of, 20 |
| 2-35 | |
| 2-35 | (y_{0}) $(y_{$ |
| 2-36 | (your signature) |
| 2 - 36 2 - 37 | State of |
| 2-36 2-37 2-38 | State of County of |
| 2-36 2-37 2-38 2-39 | State of County of This document was acknowledged before me on (date) by |
| 2-36 2-37 2-38 2-39 2-40 | State of County of |
| 2-36 2-37 2-38 2-39 2-40 2-41 | State of County of This document was acknowledged before me on (date) by (name of principal). |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 | State of County of This document was acknowledged before me on (date) by (name of principal). (signature of notarial officer) |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 | State of County of This document was acknowledged before me on (date) by (name of principal). |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (printed name) |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby |
| 2-36 2-37 2-38 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek |
| 2-36 2-37 2-38 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-54 | State of County of This document was acknowledged before me on (date) by (name of principal). (signature of notarial officer) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. |
| 2-36 2-37 2-38 2-40 2-41 2-42 2-43 2-44 2-45 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-54 2-55 | State of County of This document was acknowledged before me on (date) by (name of principal). (signature of notarial officer) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. Acceptance of Appointment: |
| 2-36 2-37 2-38 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-54 2-55 2-56 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. Acceptance of Appointment: (signature of agent) |
| 2-36 2-37 2-38 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-54 2-55 2-56 2-57 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. Acceptance of Appointment: |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-54 2-55 2-56 2-57 2-58 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. Acceptance of Appointment: |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-55 2-55 2-56 2-57 2-58 2-59 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's estate. Acceptance of Appointment: (signature of agent) Date of Signature: Acceptance of Appointment: (signature of first successor) |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-55 2-55 2-55 2-55 2-57 2-58 2-59 2-60 | State of County of This document was acknowledged before me on (date) by |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-55 2-55 2-55 2-57 2-58 2-59 2-60 2-61 | State of County of This document was acknowledged before me on (date) by |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-55 2-55 2-56 2-57 2-58 2-59 2-60 2-61 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Signature of notarial officer) (Signature of or not principal). (Signature of or not principal). (Signature of agent) Date of Signature: Acceptance of Appointment: (Signature of first successor) Date of Signature: (Signature of second successor) |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-53 2-55 2-55 2-55 2-57 2-58 2-59 2-60 2-61 2-62 2-63 | State of County of This document was acknowledged before me on (date) by |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-55 2-55 2-55 2-57 2-58 2-57 2-58 2-59 2-61 2-62 2-63 2-64 | State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Seal, if any, of notary) (Printed name) My commission expires: ACCEPTANCE AND ASSUMPTION BY AGENT: I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. Acceptance of Appointment: |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-55 2-55 2-55 2-55 2-55 2-57 2-58 2-57 2-59 2-61 2-62 2-63 2-65 | <pre>State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Signature of notarial officer) (Signature of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. Acceptance of Appointment: (signature of agent) Date of Signature: (signature of first successor) Date of Signature: (signature of second successor) Date of Signature: (c) A written instrument is legally sufficient under Subsection (a) (1) if the instrument designates a person to control</pre> |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-55 2-55 2-55 2-57 2-58 2-57 2-60 2-62 2-64 2-65 2-67 | <pre>State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of</pre> |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-47 2-48 2-50 2-51 2-52 2-53 2-55 2-55 2-57 2-58 2-59 2-61 2-65 2-65 2-67 2-67 | <pre>State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of notary) (Signature of notarial officer) (Signature of notarial officer) (Signature of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate. Acceptance of Appointment:</pre> |
| 2-36 2-37 2-38 2-39 2-40 2-41 2-42 2-43 2-44 2-45 2-46 2-47 2-48 2-49 2-50 2-51 2-52 2-55 2-55 2-55 2-57 2-58 2-57 2-60 2-62 2-64 2-65 2-67 | <pre>State of County of This document was acknowledged before me on (date) by (name of principal). (Seal, if any, of notary) (Seal, if any, of</pre> |

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the designation of the decedent's spouse as an agent or successor 3-1 agent in the instrument is revoked when the marriage [on the 3-2 divorce] of the decedent and the spouse appointed as an agent or 3-3 3-4 successor agent is dissolved by divorce, annulled, or declared void before the decedent's death. Such written instrument may be modified or revoked only by a subsequent written instrument that 3-5 3-6 complies with this subsection. 3-7

(k) Any dispute among any of the persons listed in Subsection (a) concerning their right to control the disposition, 3-8 in 3-9 3-10 3-11 including cremation, of a decedent's remains shall be resolved by a court with [of competent] jurisdiction over probate proceedings for the decedent, regardless of whether a probate proceeding has been 3-12 initiated. A cemetery organization or funeral establishment shall 3-13 not be liable for refusing to accept the decedent's remains, or to inter or otherwise dispose of the decedent's remains, until it receives a court order or other suitable confirmation that the dispute has been resolved or settled. 3-14 3**-**15 3**-**16 3-17

3-18 SECTION 2. Section 711.004(c), Health and Safety Code, is 3-19 amended to read as follows:

3-20 3-21 (c) If the consent required by Subsection (a) cannot be ned, the remains may be removed by permission of a <u>county</u> obtained, 3-22 [district] court of the county in which the cemetery is date of application to the court for 3-23 located. Before the 3-24 permission to remove remains under this subsection, notice must be 3-25 given to:

3**-**26 (1)the cemetery organization operating the cemetery 3-27 in which the remains are interred or if the cemetery organization 3-28 cannot be located or does not exist, the Texas Historical 3-29 Commission;

3-30 (2) each person whose consent is required for removal 3-31 of the remains under Subsection (a); and

3-32 (3) any other person that the court requires to be 3-33 served.

SECTION 3. Section 711.002, Health and Safety Code, as amended by this Act, applies only to the validity of a document executed on or after the effective date of this Act. The validity 3-34 3-35 3-36 of a document executed before the effective date of this Act is 3-37 3-38 governed by the law in effect on the date the document was executed, and that law continues in effect for that purpose. 3-39

3-40 SECTION 4. (a) Except as otherwise provided in this 3-41 section, the changes in law made by this Act apply to:

3-42 (1) an instrument described by Section 711.002(a)(1), 3-43 Health and Safety Code, created before, on, or after the effective 3-44 date of this Act;

(2) a judicial proceeding concerning an instrument described by Subdivision (1) of this subsection that: 3-45 3-46

3-47 commences on or after the effective date of (A) 3-48 this Act; or

3-49

is pending on the effective date of this Act; (B) 3-50 and 3-51 an application to a court to remove remains under (3)

Section 711.004(c), Health and Safety Code, as amended by this Act, 3-52 3-53 submitted on or after the effective date of this Act.

If the court finds that application of a provision of 3-54 (b) 3-55 this Act would substantially interfere with the effective conduct of a judicial proceeding concerning an instrument described by 3-56 Subsection (a) (1) of this section that is pending on the effective 3-57 3-58 date of this Act or prejudice the rights of a party to the proceeding, the provision of this Act does not apply, and the law in effect immediately before the effective date of this Act applies in 3-59 3-60 3-61 those circumstances.

3-62

SECTION 5. This Act takes effect September 1, 2019.

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