

Attachment 1: Certification of Completion of Standby-Transport Performed for the Cryonics Institute by Suspended Animation

The Cryonics Institute, located at 24355 Sorrentino Court, Clinton Township, MI 48035, has received the person named

_____ (referred to below as "the SA-CI Standby Recipient")

who was pronounced legally dead on _____ (date)

and has been transported to The Cryonics Institute with assistance from representatives of Suspended Animation, Inc.

The Cryonics Institute acknowledges that it has received the SA-CI Standby-Transport Recipient and is assuming all responsibility for The SA-CI Standby-Transport Recipient as of the time and date stated below. The Cryonics Institute agrees that Suspended Animation has no further responsibility toward the SA-CI Standby-Transport Recipient, relatives and friends of the SA-CI Standby-Transport Recipient, or others with an interest in the disposition of the SA-CI Standby-Transport Recipient, subsequent to the time and date stated below.

Signed

Date and Time (Eastern Standard Time)

for The Cryonics Institute

Witnessed

Date and Time (Eastern Standard Time)
