DONATION FOR HUMANITY

Your expressed interest in participating in the advancement of medical education and research is truly commendable. This is a significant contribution to future generations for which money cannot substitute and which perpetuates an individual's usefulness to society past his lifetime. Each participant will train not less than four new health professionals and the valuable data gained from each study may assist in advancing the treatment or alleviation of various diseases or physical afflictions. What more fitting memorial can one leave behind than a medical contribution capable of ensuring life and health for thousands, among them perhaps one's own children and grandchildren?

It is perfectly legal in the State of Nebraska for residents or non-residents to donate themselves to the Anatomical Board of the State of Nebraska. This Board is the agency with legal responsibility for the care and assignment of donors for scientific studies within medical and dental centers in Nebraska. Donors who have a preference may assign themselves to the University of their choice: either Creighton University or the University of Nebraska. Studies on anatomical donors are for educational purposes only. No legal findings will be determined and no report will be given upon completion of the study.

Enclosed are several pages of instructions which provide detailed information on the body donation program. Should you desire to participate in the advancement of medical science and education this way, please complete the enclosed forms and return them for enrollment. A formal will is not required for the donation of one’s self; however the Certificate of Bequeathal must be returned to the Board for acceptance before the enrollment is completed. A wallet card will be mailed to the donor upon acceptance into the program. Donors who have not completed the enrollment will not be accepted. You are strongly advised to also consult with your relatives, physician, minister, lawyer or any party responsible for your affairs after death so they may know your wishes.
INSTRUCTIONS FOR DONOR
(Keep this page for your records)

1. Occasionally a problem may exist which would interfere with the intended use of a donor's gift for education and research. The body may not be acceptable if any of the following conditions are present: organs or parts removed for transplantation (with the exception of eyes) or autopsy; decomposition of the body; severe trauma, drowning, burning, homicide or motor-vehicle accident; death from suicide; contagious disease; morbid obesity, emaciation, body contracture, jaundice, or edema. The Board also cannot receive donors when storage capacity for donors has reached its limit.

2. a) Complete the Certificate of Bequeathal in the presence of two witnesses (not members of your family). In the State of Nebraska it is desirable that agreement and consent of next-of-kin be obtained. Since other states may specify agreement and consent of close relatives, out-of-state donors should be certain to obtain the signature or consent of all the closest next-of-kin on the certificate of bequeathal.

b) Make two copies of the Certificate.
   1) Place one copy with readily available personal papers. (A bank safe deposit box is not recommended.)
   2) Provide one copy of the Certificate to a member of the family, close friend, or attorney who will attend to all arrangements in sending the donor to the Nebraska Anatomical Board. Also, provide them with a copy of the "Instructions to Survivors" page which follows.
   3) Return the original Certificate of Bequeathal with requested information to the Anatomical Board for enrollment in the program. Regardless of college preference, send the Certificate of Bequeathal to: The Anatomical Board of Nebraska, 986395 Nebraska Medical Center, Omaha, NE 68198-6395.

3. ALTHOUGH NOT ESSENTIAL, the donor may elect to make advance arrangements with a funeral director in the vicinity. The funeral director should be informed of the donor's plans to dedicate himself to medical science and be instructed as to his responsibilities. (See "Instructions to Survivors")

Should the donor or his survivors wish to hold a funeral service, a viewing or visitation before delivery to the Anatomical Board, this is permissible. The cost of these services must be assumed by the donor's estate or family members.

4. A brief Medical History is of great value in Medical School teaching and research programs. A form for this purpose is enclosed. Return the MEDICAL HISTORY page with the original Certificate of Bequeathal.

5. After the study is completed, the arrangements for the final disposition of the donor's cremated remains are contained in paragraph 3 of "Instructions to Survivors."

6. A wallet card will be sent to the donor upon enrollment in the Deeded Body Program. Enrollment is required before a donor can be accepted.

7. Your financial support can also help advance education and research in the health sciences at both the University of Nebraska and Creighton University.

To send your tax deductible contribution, address it to: Research and Development Fund, Anatomical Board of the State of Nebraska 986395 Nebraska Medical Center Omaha, NE 68198-6395
INSTRUCTIONS TO SURVIVORS
(To be given to a family member, close friend or attorney)

1. The State Anatomical Board or your local funeral director will expedite the completion of all the necessary papers such as the signing and filing of the death certificate.

2. The donor may not be autopsied. If no viewing/visitation or funeral with the deceased present is planned, the donor should be transferred as soon as possible to the State Anatomical Facility. Transportation arrangements can be made through one of the following procedures:
   a) If death occurs within a 60 mile radius of Omaha and there is to be no funeral, you may contact the State Anatomical Board at (402) 559-6249. In the event of an emergency at night, weekends, or holidays, telephone the UNMC switchboard at (402) 559-4000.
   b) If there is to be a funeral and/or death occurs beyond a 60 mile radius of Omaha, please contact the local funeral director of your choice. Be sure to inform the funeral director that you have a donor for the Anatomical Board. The funeral director will then make arrangements for delivery to the State Anatomical Facility. Upon arriving at UNMC, the person making the delivery should contact the security officer at (402) 559-5111.

NOTE: Body donation may involve expense for the donor’s estate or survivors whether elected by survivors or required by circumstance. If death occurs within a 60-mile radius of Omaha and the body can be delivered to the Anatomical Board within 12 hours of the death, there may be little or no expense depending on if a mortuary is involved and their particular policies. Beyond the 60-mile radius, or if delivery of the donor will require more than 12 hours, additional arrangements may need to be made with a mortuary. The Anatomical Board reimburses mortuaries in Nebraska only for mileage at the rate of $1.10/mile one way, up to 250 miles. It is important that survivors have a clear understanding of expenses involved when they make arrangements with a mortuary.

Families of potential donors are advised that the Nebraska State Anatomical Board may not accept all donations. The Board retains the right to refuse donors deemed unsuitable for current needs for education and research, and cannot receive donors when storage capacity for donors has reached its limit.

3. After completion of the study in which the donor has participated, the human remains will be cremated with dignity and respect. There are several available choices regarding the final disposition of the donor:
   a) If requested to do so, the Anatomical Board (or Anatomy Department) will, at the expense of the university, return the human cremated remains in a suitable container to the designated relative, mortuary, or cemetery for final disposition. Any and all costs of final disposition after the cremated remains are received by the designated party must be borne by the estate or survivors of the deceased.
   b) If no such request is made, the human cremated remains will be interred in a common plot owned by the University in an Omaha cemetery after an appropriate ceremony at the University’s expense.

Creighton University, the University of Nebraska and the Nebraska State Anatomical Board will devote every reasonable effort to respect the wishes of the survivors.
CERTIFICATE OF BEQUEATHAL
and Cremation Authorization
(Return this page)

I, __________________________________________, hereby express my wish to donate my body following my death to the Anatomical Board of the State of Nebraska. I understand that this is a statement of my wish and intention to dedicate myself to medical education and scientific research. In order that this wish may be carried out promptly and effectively after my death, I accept responsibility for obtaining the consent of all relatives or close friends likely to have concerns about the cremation and final disposition of my body. I also authorize the release of my medical records to the Anatomical Board of Nebraska.

Indicate below the preference for disposition of your donation:

_____ Body to be assigned to the University of Nebraska

_____ Body to be assigned to Creighton University

_____ Nebraska Anatomical Board (school unspecified)

Signed____________________________________

Social Security #____________________________________

Address____________________________________

City______________________  State_________

Zip_____________________

Date_____________________

Witness________________________________

Witness________________________________

(Witnesses should not be members of your family)

(Rev. 05/04)
Endorsements of Survivors: We understand and support the intent indicated in this Certificate of Bequeathal and agree to cremation of the donor in accordance with applicable laws and regulations.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Relationship</th>
<th>Date Signed</th>
</tr>
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<tbody>
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Are there any other close relatives (spouse, parents, grown children, brothers or sisters) who have not signed? Yes _____ No _____

Will they respect the donor's wishes and honor the bequeathal and cremation? Yes _____ No _____

Disposition of Human Cremated Remains: This is very important.

1. Interment of human cremated remains by the appropriate medical center:
2. Return human cremated remains of the donor to: FAMILY MORTUARY CEMETERY
   Please indicate address:______________________________________________________________

Notification of Memorial Service: Every year the students from each medical center hold a memorial service to honor those donors who have contributed to their education. Families who wish to be invited to the memorial service after the study has been completed should indicate their wishes below.

Notify family member of memorial service after study is completed? Yes _____ No _____

Name of person to notify:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
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Next of kin or person in charge of donor's affairs: (Name, Address, Phone Number)

(Before returning the bequeathal form, make a copy of both sides for a family member, close friend or attorney and one for your records.)

(see reverse side)
BRIEF MEDICAL HISTORY
(Return this form)

Please Print

Name: Last______________________________________________
      First______________________________________________
      Middle ___________________________________________

Sex: ___________   Height: ___________   Weight: ___________

Primary Occupation (prior to retirement):

Disease History (example childhood diseases, heart, kidney, etc.):

Operation and Accident History:

Disabilities or Deformities:

(See reverse side)
DEATH CERTIFICATE INFORMATION
(Return this form)

Please Print

Date of Birth: ______________________________________________________

City and State of Birth: ____________________________________________

Marital Status (circle one): Single Married Widowed Divorced

Name of Surviving Spouse: _________________________________________

If wife, give Maiden Name: _________________________________________

Father’s Name: ___________________________________________________

Mother’s Name, including Maiden Name: _____________________________

Dates of Military Service (if applicable): ______________________________

Education: (0-12 years) __________ College (1 year or more) ___________

Ancestry (e.g., German, Italian): ______________________________________

Current Doctor: Name and Address ____________________________________

Current Dentist: Name and Address ____________________________________