

Statement of Funeral Goods and Service

Charge for our Service:

- Direct Disposer and Staff Fees
- Transportation of deceased to our facility
- Refrigerated storage until Permission from State is obtained
- Cremation Process
- Filing of permits and Death Certificate
- One original Death Certificate from the Department of Health
- Delivery of Ashes and Death Certificate(s)
- Temporary Urn

Total:

\$1195.00

Additional Purchase Items available:

Death Certificates \$15 per (one is included): (number needed)

Acknowledgement and Agreement

I hereby acknowledge that I have the legal right to arrange the cremation for the deceased, and I authorize this direct disposer establishment to perform the cremation service, furnish any death certificates required and incur any outside charges that have been specified in this statement. I acknowledge that I have received the General Price list.

Terms of Payment

In most cases, Full Payment is required in advance, or at the time of need, before Simply Cremations will become involved. Any Insurance and/ or pre-arraignment cases will be handled accordingly so there will be no delay. Simply Cremations will make all the necessary filings for these insurance and assignment cases.

If any payment is not paid when due, an unanticipated LATE CHARGE of 18 % per month (ANNUAL PERCENTAGE RATE 1.5 %) on the unpaid balance will be due. I agree to pay the balance due listed on this statement, plus any late charges. In the event I default in payment to this funeral establishment , I agree to pay reasonable attorney fees and court costs in addition to any late charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by the law upon the estate of the deceased. By my signature below, I hereby agree to all of the above acknowledge receipt of a copy of this statement.

Authorized Representative/ Informant: (Signature)

The direct disposer establishment agrees to provide any service and item(s) indicated on this statement.

Funeral Director: (M. Doc. Leader or C. Dayne Parker)

Funeral Director: (Signature)