

Lake Shore Funeral Home

(WacoCremation.com & WacoFuneral.com)

5201 Steinbeck Bend, Waco, TX 76708 (254) 752-3823 (254) 752-5900 TX License # 3578

STATEMENT OF FUNERAL GOODS AND SERVICES SELECETED

Charges are only for those items selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with a viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial.. If we charged for embalming, we will explain why below. In the event you wish to question any aspect of our service you may contact our office. If you have any complaint which cannot be resolved, you may direct such complaint to the Texas Funeral Service Commission, P.O. Box 12217, Capitol Station, Austin, TX 78711. (512) 936-2474.

DECEASED NAME _____ DATE _____

FUNERAL HOME PROFESSIONAL SERVICES

- Online, Discounted Cremation Package..... \$795.00
- Additional Services..... \$ May Add *

FUNERAL HOME MERCHANDISE

- Minimum, Cardboard Cremation Container..... \$ Included/May Upgrade *
- Temporary, Hard Plastic Urn \$ Included/May Upgrade *
- Additional Merchandise..... \$ May Add *

CASH ADVANCES

(Incurred by our funeral home on buyer(s) behalf. Certain items may have to be estimated and will be so noted.)

- Death Certificates (two copies)..... \$ Included
- Additional Death Certificates ("Convenience Fee" \$16 each)..... \$ May Add **
- Obituary Notices..... \$ May Add **

** We charge you for our services in obtaining: death certificates, mailing of cremation remains, obituary placement

DISCLOSURES

- Reasons for embalming: Not Applicable
- Crematory Requires a Rigid Cremation Container (Included in Package)

SUMMARY OF EXPENSES

- Total Cash Advances..... \$ 0 *
- Total Funeral Home Charges..... \$ 795.00

GRAND TOTAL \$ 795.00 *

* Please Note This contract for goods and services only represents the charges for the package you selected.
Any additional merchandise or professional fees will be approved by you and added to the total balance due.

Signature of Purchaser _____

This funeral establishment agrees to provide all service, merchandise and cash advances indicated on this statement.



Brent Shehorn
Funeral Director, TX License # 9927

Lake Shore Funeral Home

DISCLOSURE/DISCLAIMER FORM
<http://www.WacoCremation.com/Lake-Shore-GPL>

The Federal Trade Commission requires certain disclosures and prohibits misrepresentations in the making of funeral arrangements. This DISCLOSURE / DISCLAIMER FORM is a check list that those whom we serve are asked to read and sign.

I/We made the arrangements for the funeral and final disposition of the remains of _____ and do hereby attest to the following:

1. I/We were given/shown a "General Price List," effective on **November 1, 2014.**

To view our General Price List, click on this link: <http://www.WacoCremation.com/Lake-Shore-GPL>

2. I/We were given/shown a "Casket Price List" and/or an "Outer Burial Container Price List", effective on **November 1, 2014** prior to discussing prices or caskets.

3. I/We were not told that embalming is required by law and were told that the law does not require embalming except in certain special cases. If embalming was provided, this was done with my/our express permission.

4. I/We were not told that any law requires embalming for direct cremations, immediate burial, a funeral using a sealed casket, or if refrigeration is available and the funeral is without viewing or visitation and with a closed casket.

5. I/We were not told that any law requires a casket for direct cremation or that a casket other than an unfinished wood box is required for direct cremation or for direct disposition.

6. I/We were told that state law does not require that purchase of an outer burial container or any of the funeral goods or services I/We selected except as set forth on the "Statement of Funeral Goods and Services Selected."

7. No claims were made to me/us as to the merchandise or other offerings of this funeral firm (embalming, casket, outer burial container) that embalming or the use of any merchandise available from this funeral firm would delay the decomposition of the remains for a long term or indefinite time, or would protect the body from graveside substances when such was not the case. No representations or warranties were made to me/us about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service I/we arranged were the expressed written warranties, if any extended by the manufacturers thereof. No other warranties of merchandising fitness for a particular purpose were extended to us.

8. I/We were not told that the amount of each of the cash advance items was the cost to the funeral firm. We were told the cost may be different based on volume or cash discounts or other professional/trade customs.

9. I/We give permission to the Lake Shore Funeral Home to give out death certificates or information on the deceased or us, at our request to any insurance companies or government agencies.



Brent Shehorn
Funeral Director, TFSC License # 9927

(Purchaser's Name)

Lake Shore Funeral Home

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ADDITIONAL TERMS, CONDITIONS & ACKNOWLEDGEMENTS

***** PLEASE READ AND INITIAL *****

(Name of Deceased)

(Date of Death)

DEATH CERTIFICATES _____

The information submitted to us on the "Registration Form" will be used to complete the death certificate and notify Social Security of the passing. We will secure the number of death certificates you ordered. If there is an error on a death certificate and an amendment is required, additional fees will be incurred to amend said death certificate. We will not be held responsible for errors on the death certificate if incorrect or inadequate information is given to us. We only facilitate the original order of death certificates. Once the order has been placed we cannot add to that order. If you need additional certified copies you will have to order them directly from the registrar where the death occurred.

THE CREMATION PROCESS _____

A signed death certificate is required before a cremation can take place. By law a physician has up to ten business days to sign a death certificate. Our goal is to complete the cremation as quickly as possible and, for most of the families we serve, this is usually 3 to 5 business days. However, it could take up to two weeks if the physician delays signing the death certificate. (We have no control or authority over the physician.) This time period starts on the first business day after we have received your payment, registration and signed authorizations. If you are planning to have a memorial service and want your loved one's ashes present for that service, please do not make plans for that service until you have received the ashes.

CREMATED REMAINS _____

The next-of-kin or his/her representative must pick-up the cremated remains no later than 30 DAYS following notification from us that the cremation has been completed. If you cannot pick them up in person, arrangements can be made to have the remains shipped.

OBITUARY NOTICES _____

A free obituary page is included on our website for the families we serve. Most newspapers have a charge for obituary notices. Therefore, obituaries must be secured by a credit card prior to publication. In addition to the total cost of the newspaper's obituary fee, we charge a \$39 placement fee for facilitating this process.

ADDITIONAL SERVICES _____

We can provide an almost endless array of additional professional services. However, unless specifically described as part of the package you have purchased, additional charges for added service and/or use of facilities fee(s) will apply.

Signature _____

Email _____

AUTHORIZATION FOR CREMATION & DISPOSITION

I, THE UNDERSIGNED, DO HEREBY CERTIFY, WARRANT AND REPRESENT THAT I AM THE PERSON WHO BY LAW HAS THE PARAMOUNT RIGHT TO ARRANGE AND DIRECT THE CREMATION, PROCESSING AND DISPOSITION OF

(Name of Deceased) _____ (HEREAFTER REFERRED TO AS "THE DECEASED"), AND THAT NO OTHER PERSON(S) HAS A SUPERIOR OR EQUAL RIGHT OVER ME. I HEREBY REQUEST AND AUTHORIZE Lake Shore Funeral Home and Cremation Services (**THE FUNERAL HOME**), located at 5201 Steinbeck Bend Waco, TX 76708, T.F.S.C. License # 3578, TO TAKE POSSESSION OF AND MAKE ARRANGEMENTS FOR THE CREMATION OF THE DECEASED at Lake Shore Funeral Home and Cremation Services and Waco Crematory, located at 6400 S. IH-35 Waco, TX 76706, T.F.S.C. Crematory License # 2402.

DATE OF DEATH: _____ TIME: _____ AM PM

(Please select one of the following)

I AUTHORIZE THE CREMATORY TO RETURN THE CREMATED REMAINS OF THE DECEASED TO THE FUNERAL HOME.

I AUTHORIZE SHIPMENT VIA U.S. REGISTERED MAIL TO _____ ADDRESS _____

I AUTHORIZE THE CREMATORY/FUNERAL HOME TO DISPOSE OF THE CREMATED REMAINS IN ACCORDANCE TO CHAPTER 716, NOT EARLIER THAN THE 121ST DAY FOLLOWING DATE OF CREMATION IF THE CREMATED REMAINS HAVE NOT BEEN CLAIMED BY THE AUTHORIZING AGENT. FURTHER, I AGREE TO PAY (\$350 DISPOSAL FEE) FOR ANY CHARGES ASSOCIATED WITH SAID DISPOSITION.

The cremation, processing and disposition of the remains of the deceased authorized herein, shall be performed in accordance with all governing laws, regulations, and policies of the crematory and funeral home and the following terms and conditions. Human remains must be placed in a cremation container made of combustible materials which provides a complete covering of the body, is resistant to leakage or spillage, is rigid for each handling, and protects the health and safety of crematory personnel. If a casket is used, the crematory is authorized to remove and dispose of handles, ornaments, and any other non-combustible items attached to the casket or cremation container prior to cremation. In the event the remains of the deceased are received by the crematory in a casket, or other container made of non-combustible material, I authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate.

PACEMAKERS MAY CREATE A HAZARD WHEN PLACED IN A CREMATION CHAMBER. THE CREMATORY WILL NOT CREMATE ANY HUMAN REMAINS THAT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. IN THE EVENT THE REMAINS OF THE DECEASED CONTAIN SUCH A DEVICE, I HEREBY AUTHORIZE THE FUNERAL HOME/CREMATORY, ITS AGENTS AND EMPLOYEES, TO REMOVE ANY SUCH ITEMS AT ITS DISCRETION. I UNDERSTAND THAT FAILURE ON MY PART TO NOTIFY THE FUNERAL HOME/CREMATORY OF SUCH IMPLANT COULD RESULT IN DAMAGE TO CREMATORY WORKERS AND EQUIPMENT FOR WHICH I WILL BE HELD LIABLE.

DECEASED DOES DOES NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

The cremation container containing the deceased will be placed in the cremation chamber and will totally and irreversibly be destroyed by prolonged exposure to intense heat and direct flame. I authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the deceased, may be destroyed during the cremation process. I further authorize that if any items, other than the cremated remains are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased and disposed of by the crematory. I hereby authorize the crematory to separate and remove from the cremation chamber, all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metal, and to dispose of such materials.

Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

Unless an urn or container suitable for shipment is provided, the crematory will place the cremated remains in a destructible container made of plastic and covered with cardboard, and will not be held liable for any damages that might occur during shipment. In the event this container or provided urn is insufficient to accommodate all of the cremated remains, any excess cremated remains will be placed in a secondary container and returned to the funeral home, together with the primary container or urn.

I UNDERSTAND AND ACKNOWLEDGE, THAT EVEN WITH THE EXERCISE OF REASONABLE CARE, AND THE USE OF THE CREMATORY'S BEST EFFORTS, IT IS NOT POSSIBLE TO RECOVER ALL PARTICLES OF THE CREMATED REMAINS OF THE DECEASED. I UNDERSTAND THAT SOME PARTICLES MAY INADVERTENTLY BECOME COMMINGLED WITH PARTICLES OF OTHER CREMATED REMAINS REMAINING IN THE CREMATION CHAMBER AND/OR DEVICES USED TO PROCESS THE CREMATED REMAINS. I HEREBY AUTHORIZE THE CREMATORY TO DISPOSE OF SUCH PARTICLES IN ANY LAWFUL MANNER DEEMED APPROPRIATE.

I agree to indemnify and hold the crematory, the funeral home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or cause of action (including attorney's fees and expenses of litigation) in connection with the cremation of cremated remains authorized herein, or my failure to correctly identify the remains of the deceased, disclose the presence of any implanted mechanical devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

Texas Law Concerning Who May Authorize Cremation: PLEASE NOTE: WACO CREMATORY STRICTLY ADHERES TO THE GUIDELINES SET FORTH IN "VERNON'S TEXAS HEALTH AND SAFETY CODE" (SEC. 711.002) WHICH STATES: Disposition of Remains; Duty to Inter (a) Unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, shall inter the remains, and are liable for the reasonable cost of interment: (1) the person designated in a written instrument signed by the decedent; (2) the decedent's surviving spouse; (3) any one of the decedent's surviving adult children; (4) either one of the decedent's surviving parents; (5) any one of the decedent's surviving adult siblings; or (6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent. NO EXCEPTIONS WILL BE GRANTED OR ALLOWED.

(continued on next page)

SIGNATURE OF PERSON AUTHORIZING CREMATION AND DISPOSITION

I warrant that all representation and statements made herein are true and correct and that I have read and understand the provisions contained in this document. As authorizing agent, I have the legal right to authorize this cremation and am not aware of any person with a superior or equal priority right; or if another person has an equal priority right, all reasonable efforts to contact that person have failed and I believe that person would not object to cremation. I agree to indemnify and hold harmless the funeral home and the crematory for any liability arising from performing the cremation without that person's authorization.

SIGNATURE _____

RELATIONSHIP _____



Brent Shehorn,

Funeral Director

TFSC License # 9927

Identification:

As authorizing agent I acknowledge that I: *(Please select one of the following)*

Viewed the deceased Date _____ Time _____ AM PM

Waived the right to identification of the deceased

Authorization to Embalm at Funeral Establishment or Other Location

Name of Licensed Funeral Establishment: Lake Shore Funeral Home

Name of Deceased _____ Date of Death _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management, or use licensed embalmers as agents or independent contractors, or a commercial embalming establishment, to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents, to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science. *NOTE: Mortuary Students may only participate in embalming if permission is given in writing and in the possession of the Licensed Embalmer at the time of the procedure.*

(signature of next-of-kin or person responsible for making arrangements for final disposition)

(date)

If Authorization for Embalming Is Oral, Complete the Following:

Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.

Authorization to embalm received from _____

Relationship to deceased _____

Time _____ AM PM Date _____

If No Authorization Can Be Obtained, Complete the Following:

I hereby acknowledge that **Lake Shore Funeral Home** has made a reasonable effort over a period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission.

Times contact with family attempted: _____

(signature and license # of embalmer)

To Refuse the Embalming Process:

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.

(signature)

(date)