

APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

John W. Police 44 PR 2010
 Name of Deceased Address
6-3-1927 [REDACTED] TX
 Date of Birth Social Security # Driver's License # (State)

I, the undersigned, hereby state that I was related to the deceased John W. Police as (Relationship) niece. I further state that neither the deceased nor any person responsible for the deceased had any assets such as money, bank accounts, investments, insurance, property or any such assets other than those listed below, which are applied to the cost of the funeral.

LIST OF ASSETS OWNED BY DECEASED, OR PERSON RESPONSIBLE FOR DECEASED:

MONEY \$ 0 CHECKING ACCOUNT \$ 0 BANK \$ 0
 PROPERTY (Home) \$ 0 AUTO \$ 0 OTHER \$ 0
 INSURANCE \$ 0 SOCIAL SECURITY FOR BURIAL \$ 0
 OTHER ASSETS \$ 0 TOTAL ASSETS \$ 0

I hereby make application to the Commissioners' Court of Titus County that payment be made for the funeral, less any assets as listed above:

Patricia H. Police 5-23-13
 APPLICANT FOR DECEASED DATE

23rd day of MAY, 2013
 SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the



Kristy Crooks
 NOTARY PUBLIC

(TO BE COMPLETED BY FUNERAL HOME)

I understand that in order to qualify for a Pauper's Funeral, the total cost of services for the deceased will not exceed \$950.00. I further understand that if payment is made in any amount, whether by family, friends, church, other organizations, etc., such payment will disqualify this Application for consideration of payment by the Titus County Commissioners' Court.

Therefore, I, (Owner/Representative) J.C. White of (Funeral Home) [REDACTED] hereby submit an itemized statement for services of deceased John W. Police and certify that such statement for \$950.00 represents the entire cost for services rendered.

5/23/2013 J.C. White
 DATE OWNER/REPRESENTATIVE OF FUNERAL HOME

23rd day of MAY, 2013
 SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the

23rd MAY 2013 [REDACTED]
 NOTARY PUBLIC

APPROVED BY COMMISSIONERS' COURT



Connie L. Baldwin
Brian P. Lee
 approved in Court 5-28-13

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff
 Embalming
 Other Preparation of Body

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation
 Use of Facilities & Staff for Funeral Ceremony
 Use of Facilities & Staff for Memorial Service
 Use of Equipment & Staff for Graveside Service
 Use of Equipment & Staff for Church Service

3. Transportation:

Transfer of Remains to Funeral Home
 Hearse
 Limousine
 Sedan
 Service / Utility Vehicle

4. Other Services/Facilities/Equipment:

.....

TOTAL OF SERVICES SELECTED (A) \$ **950.00**

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle)

Name/No.
 Material
 Color

Outer Burial Container

Name/No.
 Material

Acknowledgement Cards

Register Book

Memory Folders / Prayer Cards

Cremation Urn

Clothing

TOTAL OF MERCHANDISE SELECTED (B) \$



J.C. White Funeral & Cremation Services
 410 E. 16th STREET • MOUNT PLEASANT, TEXAS 75455
 (903) 572-3911

Charges are made only for items that are used. If the type of funeral selected requires extra items, we will explain the reasons for the extra items in writing on this memorandum. In the event that I may wish to question or comment on any area of service, I may contact the funeral establishment at my convenience. If matters cannot be resolved satisfactorily, complaints may be directed to the Texas Funeral Service Commission, P.O. Box 12217, Capitol Station, Austin, Texas 78711. Telephone number: (512) 936-2474. FAX Number: (512) 479-5064.

DECEASED John W. Polico NO. _____
 DATE OF DEATH 5-22-2013 DATE OF STATEMENT 5-23-2013

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you 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.

C. SPECIAL CHARGES

Forwarding remains to
 Receiving remains from
 Immediate burial
 Direct cremation
 TOTAL OF SPECIAL CHARGES (C) \$ **0**

D. CASH ADVANCES

Certified Copies of Death Certificate
 @ \$ _____ each
 Clergy
 Musician
 Newspaper Notices
 Cemetery

TOTAL OF CASH ADVANCES (D) \$

We charge you for our services in obtaining: (specify cash advance items)

SUMMARY

Total Funeral Home Charges (A+B+C) .. \$ **950.00**
 Sales Tax, if applicable .. \$ **0**
 Total Cash Advances (D) .. \$ **0**
 COMPLETE TOTAL .. \$ **950.00**
 PAYMENT RECEIVED FROM ..

BALANCE DUE \$ **950.00**

DISCLOSURES

If you selected a funeral that may require embalming, such as a funeral with 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.

Reason for embalming

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

ACKNOWLEDGEMENT AND AGREEMENT

I (we) authorize this funeral home to perform services, furnish goods, and incur outside charges specified on this Statement. I (we) acknowledge that I (we) received a General Price List, a Casket Price List and an Outer Burial Container Price List.

TERMS

Full payment is due no later than
 If any payment is not paid when due, an unanticipated LATE CHARGE of

_____ % per month (ANNUAL PERCENTAGE RATE _____ %) on the unpaid balance will be due. I (we) have read (or been read) the above, accept and approve same, and jointly and severally promise to make full payment. Receipt of a copy of this Statement is acknowledged.

Signed Patricia Polico

Social Security No.

Address

City/State

Zip Telephone

Co-Signed

Co-Signed

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By John W. Polico 11843

ADDITIONAL ITEMS ORDERED LATER