## APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

James Edu	ard Robbe	615	Stark	st.	Mt. PleasinT
Name of Deceased	Address				7
12-30-1972					TX
Date of Birth	Social Security #		Driver's Licens	ie#	(State)
I, the undersig	gned, hereby state that I was	s related to the s ( Relations	ne deceased <u>I</u>	ames i	E. Rohde
	that neither the deceased				
	bank accounts, investments		property or any	such assets	s other than those
	applied to the cost of the finance o		N RESPONSII	RLE FOR	DECEASED:
MONEY \$	CHECKING ACCOU			ANK \$	B
PROPERTY (Home) \$	Z Ø AUTO	\$	OTH	ER \$	0
INSURANCE \$			ØR BURIAL \$	10	
OTHER ASSETS \$		OTAL ASSI			
the funeral, less any as	application to the Commis	isioners. Com	rt of litus Coun	ty that pay	ment be made for
	- 1			,	
Condice Wh	ite	4-	23-14	<u>/</u>	
APPLICANT FOR I	DECEASED	DATE			
Texas on this the OUSTII Notary Pul	N A. EDWARDS blic, State of Texas	EFORE ME Dus	a Notary Publi  B ZO  Tr S ll  NOTARY F		for Titus County,
	amission Expires ary 09, 2016				
	(TO BE COMPLETE	ED BY FUN	TERAL HOMI	E)	
deceased will not exceed by family, triends, chur consideration of payme Therefore, I, (Compared Compared Compa	that in order to qualify for the d \$950.00. I further under the organizations, and by the Titus County Comowner/Representative)	erstand that etc., such p nmissioners' hereby:	if payment is m ayment will dis Court Clove submit an item	ade in any qualify thi of ized staten	amount, whether s Application for (Funeral Home)
statement for \$950.00	represents the entire cost	tor services	rendered.		
4-23-14	Gan	ett	Clove		
DATE	OWNER/RE	PRESENTA	TIVE OF FU	NERAL	номе
SUBSCRIBE Texas on this the 2	D AND SWORN TO BEI		-	ic in and t 201.4	or Titus County,
		A	ist Ed.	waro	ls-
III : SE NOTARY PUBL	A. EDWARDS c, State of Texas	N	NOTARY PUI	BLIC	

2256 N. Edwards Avenue Mt. Pleasant, Texas 75455 (903) 577-7500

## Curry-Welborn Funeral Home

2014-26

## FUNERAL PURCHASE AGREEMENT

Name of Deceased	Jaines Edward Rohde	Date of Death	4/17/14 Date o	of Service
Purchaser .			Telephone # _(	) -
<u>'</u>			State	Zip
Charges are only for those items that explain the reasons in writing below if do not have to pay for embalming you we will explain why below.	you have selected or that are requi you selected a funeral that may requ	red. If we are required by law or turne embalming, such as a funeral	by cemetery or by cremat with viewing, you may have	lory to use any items, we will ve to pay for embalming. Yo
A. SERVICES OF FUNERAL DIRECTO	OR AND STAFF	G. SPECIAL SERVICES		
	ss_	1. Forwarding remains to	another funeral nome	\$
A.1 Additional Services of Funeral Direc	ctor and Staff	2. Receiving remains from	n another funeral home	\$
	\$	3. Immediate Burial		\$
B. EMBALMING	\$	4. Direct Cremation  5		\$ 930 00
Reason for embalming		- 6		- <u>;</u>
C. OTHER PREPARATION OF THE BO	ODY	7		_ s
	<u>\$</u>	TOTAL OF SPECIAL SER	DAICES SELECTED	\$ 950 00
	\$	_	· - <del>-</del> - ·	
D. USE OF FACILITIES, STAFF SERV	ICES AND FOLIPMENT	Cometery or crematory	requirements if any	
. Viewing / Visitation	\$			
Puneral Service	\$	H. CASH ADVANCES		
Memorial Service	\$	_ 		_ s
·	<u>\$</u>	_ 🗖 2		<u> </u>
j	\$	_ 📮 3		
E. TRANSPORTATION		□ 4. □ 5.		
Transfer of remains to funeral home	\$	- <b>0</b> 6	-	- <u>s</u>
. Automotive Equipment				- \$
A. Hearse	<u> </u>	8. Certified copies of d		_
B. Lead / Clergy Car	<u>,                                      </u>	Number	of copies	_ \$
C. Utility / Flower Car D. Limousine(s)@	<u>*</u>	- 🗖 9		- <b>š</b>
E	\$	<b>1</b> 0		_ s
F	s	We charge you for our ser	vice in obtaining those ite	ms marked with an X
G Addi. Mileage @	(per mile)	TOTAL OF CASH ADVAN	ICES	s
OTAL OF PROFESSIONAL SERVICES	S SELECTED \$			
. MERCHANDISE	•	SUMMARY OF CHAR	GES	
Casket		PROFESSIONAL SERVICE	ES	<u>\$</u>
. Casket	• <u></u>	- MERCHANDISE SELECT	ED	\$ 950 00
Outer Receptacle	s	SPECIAL SERVICES		\$ 7,50 00
		<ul> <li>CASH ADVANCES</li> <li>TOTAL OF ALL CHARGE:</li> </ul>	S (Balance Due)	\$ 950.00
Acknowledgement Cards		TO THE OF ALL BUILDING	o (Bararios Bao)	
Register Book		METHOD OF PAYMENT		
Tregister Book	s	Less: Q Cash Receiv	ed on Account	\$
	s	Sums consist	ling of my assignment to y	ou of the proceeds of
	<u> </u>	-		
· · · · · · · · · · · · · · · · · · ·	<u>\$</u>	_		
		-		
OTAL OF MERCHANDISE SELECTED	s	which I am making this day	y in a separate instrument	· s
UNPAID BALANCE DUE BY		UNPAID BALANCE		e 950.00
ARRANTIES: The only warranties, explended by the manufacturers thereof. N gree that any monies assigned above sy monies due under the assignment(sy dited to my account be paid by me at our arges are made only for those items the	lo other warranties and no warrantie shall be paid to you within 60 days o ) described above have not been nce. hat are used. If the type of funeral so	s of merchantability or fitness for a of the date of this contract. Upon to paid to you as promised, you ca elected requires extra items, we w	a particular purpose are ex giving me at least five (5) in require that any such o vill explain the reason in w	klended by seller, days prior written notice tha unpaid amount(s) previousl writing on this contract. In th
ent I wish to complain or question any xas Funeral Service Commission, P.O. RMS: The Unpaid Balance set out a	Box 12217, Austin, Texas 78711. To	elephone Number 888 667 4881, F	Fax Number 512.479 5064	4
RCENTAGE RATE 18 %) will be adder corney and/or agency for collection, I (we	d to all past due amounts not paid on agree to pay reasonable attorney	on or before the Due Date set out s fees and/or collection costs.	above If this agreement	t is placed in the hands of a
his (her) signature Buyer(s) in addition thin this agreement, on the terms and countries and funeral merchal and funeral merchal	onditions set forth, acknowledges th	at phor to the execution of this Ag		
ecuted this 23 day of 1	pil 2014	L		
ccepted For Seller by.	marls		(Signature of	Buyer)
(Signature of Funeral	Director)		(Signature of Co	o-Buyer)
-				