

MILITARY VETERAN
YES ___ NO

APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

Beulah Hall 1714 N Edwards. Heritage Park Village, Mount Pleasant, Texas

Name of Deceased Address
8/31/1938 [Redacted] None
Date of Birth Social Security # Driver's License # (State)

I, the undersigned, hereby state that I was related to the deceased Beulah Hall as (Relationship) Funeral Director. 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:

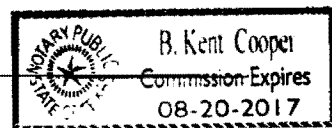
MONEY \$ 0.00 CHECKING ACCOUNT \$ 0.00 BANK \$ 0.00
PROPERTY (Home) \$ 0.00 AUTO \$ 0.00 OTHER \$ 0.00
INSURANCE \$ 0.00 SOCIAL SECURITY FOR BURIAL \$ 0.00
OTHER ASSETS \$ 0.00 TOTAL ASSETS \$ 0.00

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

Cheryl Parr 8-12-2014
APPLICANT FOR DECEASED DATE

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the 12th day of August, 2014.

B Kent Cooper
NOTARY PUBLIC



(TO BE COMPLETED BY FUNERAL HOME)

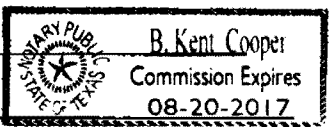
I understand that in order to qualify for a Pauper's Funeral, the total cost of services for the deceased will not exceed \$950.00. I further understand that if payment is made in any amount, whether by family, friends, church, other organizations, etc., such payment will disqualify this Application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

Therefore, I, (Owner/Representative) Cheryl Parr of (Funeral Home) Bates-Cooper-Sloan Funeral Home hereby submit an itemized statement for services of deceased Beulah Hall and certify that such statement for \$950.00 represents the entire cost for services rendered.

August 12, 2014
DATE OWNER/REPRESENTATIVE OF FUNERAL HOME

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the 12th day of August, 2014.

B Kent Cooper
NOTARY PUBLIC



APPROVED BY COMMISSIONERS' COURT B Parr 8-25-14

FUNERAL PURCHASE AGREEMENT

Name of Deceased Beulah Hall Last Address 1714 N Edwards Date of Death 8-11-2014

Charge to _____ Telephone _____ Date of Service _____

Buyer's Home Address _____ City _____ State _____ Zip Code _____

Charges are only for those items that you have selected or that are required. If we are required by law or by cemetery or by 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 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.

PROFESSIONAL SERVICES SELECTED

- A. SERVICES OF FUNERAL DIRECTOR AND STAFF** _____ \$ _____
- B. EMBALMING** _____ \$ _____
 Reason for embalming _____
- C. OTHER PREPARATION OF THE BODY**
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- Shelter of Remains _____ \$ 35.00

D. USE OF FACILITIES, STAFF SERVICES AND EQUIPMENT

1. Viewing per day _____ \$ _____
2. Funeral Service _____ \$ _____
3. Memorial Service _____ \$ _____
4. Graveside Service and equipment _____ \$ _____
5. Refrigeration of unembalmed remains _____ \$ _____

E. TRANSPORTATION

1. Transfer of remains to funeral home _____ \$ 159.00
2. Automotive Equipment _____ \$ _____
- A. Hearse _____ \$ _____
- B. Hearse at other location _____ \$ _____
- C. Family car _____ \$ _____
- D. Limousine _____ \$ _____
- E. Clergy car _____ \$ _____
- F. Other Automotive Equipment _____ \$ _____
- G. Addl. Mileage _____ @ _____ (per mile) \$ _____

TOTAL OF PROFESSIONAL SERVICES SELECTED _____ \$ 194.00

F. MERCHANDISE

1. Casket _____ \$ _____
2. Alternative Container _____ \$ _____
3. Outer Burial Container _____ \$ _____
4. Urn _____ \$ _____
5. Stationery
- Acknowledgment Cards _____ @ \$ _____ (per 25) \$ _____
- Register Book (s) _____ \$ _____
- Memory Folders / Prayer Cards _____ \$ _____
6. Burial Clothing _____ \$ _____
7. Other Wood box required by _____ \$ 120.00
Crematory
- TOTAL OF MERCHANDISE SELECTED** _____ \$ 120.00

Explanation of Certain Charges: 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 here.

G. SPECIAL SERVICES

1. Forwarding remains to another funeral home _____ \$ _____
2. Receiving remains from another funeral home _____ \$ _____
3. Immediate burial _____ \$ _____
4. Direct cremations _____ \$ 495.00
- Additional charges for staff services and/or use of facilities _____ \$ _____
- Describe: _____
- Cemetery or crematory requirements if any _____

TOTAL OF SPECIAL SERVICES SELECTED _____ \$ _____

H. CASH ADVANCES

1. Cemetery charges _____ \$ _____
2. Crematory charges _____ \$ _____
3. Transportation to Crematory _____ \$ 120.00
4. Clergy honorarium _____ \$ _____
5. Musicians honorarium _____ \$ _____
6. Flowers _____ \$ _____
7. Obituaries _____ \$ _____
8. Certified copies of death certificates
 Number of copies 1 _____ \$ 21.00
9. Police Escort _____ \$ _____
10. Other _____ \$ _____

We charge you for our service in obtaining those items marked with an

TOTAL OF CASH ADVANCES _____ \$ 141.00

SUMMARY OF CHARGES

PROFESSIONAL SERVICES	\$ <u>194.00</u>
MERCHANDISE SELECTED	\$ <u>120.00</u>
SPECIAL SERVICES	\$ <u>495.00</u>
CASH ADVANCES	\$ <u>141.00</u>
TOTAL OF ALL CHARGES (Balance Due)	\$ <u>950.00</u>

METHOD OF PAYMENT:

- Less: Cash Received on Account _____ \$ _____
- Sums consisting of my assignment to you of the proceeds of _____

(type of benefit assigned) _____

which I am making this day in a separate instrument _____ \$ _____

UNPAID BALANCE _____ \$ _____

UNPAID BALANCE DUE BY _____ , 20 _____

WARRANTIES: The only warranties, expressed or implied, granted in connection with goods sold with this funeral service are the express written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose are extended by seller. I agree that any monies assigned above shall be paid to you within 60 days of the date of this contract. Upon your giving me at least five (5) days prior written notice that any monies due under the assignment(s) described above have not been paid to you as promised, you can require that any such unpaid amount(s) previously credited to my account be paid by me at once.

Charges are made only for those items that are used. If the type of funeral selected requires extra items, we will explain the reasons in writing on this contract. In the event I wish to complain or question any area of your service, I may contact you at my convenience. If any complaints cannot be resolved, I may also contact the Texas Funeral Service Commission, P.O. Box 12217, Austin, Texas 78711. Telephone Number: (888) 667-4861, Fax Number: (512) 479-5064.

TERMS: The Unpaid Balance set out above will be due and payable on the Due Date set out above. A FINANCE CHARGE of 1 1/2% per month (ANNUAL PERCENTAGE RATE 18%) will be added to all past due amounts not paid on or before the Due Date set out above. If this agreement is placed in the hands of an attorney and/or agency for collection, I (we) agree to pay reasonable attorney's fees and/or collection costs.

By his (her) signature, buyer(s) in addition to authorizing seller to conduct the funeral, perform the service, furnish the materials, and incur the charges specified within this agreement, on the terms and conditions set forth, acknowledges that prior to the execution of this agreement, a printed or typewritten list of retail price of the funeral services and funeral merchandise offered by seller was made available to buyer(s).

Executed this 12th day of August, 2014

Signature of Provisional Licensee Assistant _____

ACCEPTED FOR SELLER:

By: Cheryl Post
 Signature of Funeral Director who made the arrangements _____

Signature (1) _____
 Buyer

Signature (2) _____
 Co-Buyer