

Jun. 5. 2015 10:12AM PM TITUS COUNTY

983 577 67 No. 0022 P. 2 P. 02

APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

Roy Sherwood 2530 Greenhill Road Mount Pleasant, Texas 75455
Name of Deceased Address

05/02/1929 [redacted] 5459 N/A
Date of Birth Social Security # Driver's License # (State)

I, the undersigned, hereby state that I was related to the deceased Roy Sherwood
as ( Relationship ) Legacy Hospice Social Worker

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:

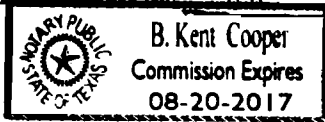
MONEY \$ 0.00 CHECKING ACCOUNT \$ 0.00 BANK \$ 0.00
PROPERTY (Home) \$ 0.00 AUTO \$ 0.00 OTHER \$ Greenhill Villa Personal
INSURANCE \$ 0.00 SOCIAL SECURITY FOR BURIAL \$ 0.00 Account Unknown
OTHER ASSETS \$ 0.00 TOTAL ASSETS \$ Balance

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

[Signature]
APPLICANT FOR DECEASED

06/05/2015
DATE

SUBSCRIBED AND SWORN TO BEFORE ME a Notary Public in and for Titus County,
Texas on this the 5th day of June, 19 2015.



[Signature]
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, or other organizations, such payment will disqualify this Application for
consideration of payment by the Titus County Commissioners' Court

Therefore, I, (Owner/Representative) Cheryl Parr/Funeral Dir., of (Funeral Home)
hereby submit an itemized statement for services of
deceased Roy Sherwood, and certify that such statement for \$950.00
represents the entire cost for services rendered.

June 5, 2015
DATE

[Signature]
OWNER / REPRESENTATIVE OF FUNERAL HOME

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for Titus County,
Texas on this the 5th day of June, 2015.



[Signature]
NOTARY PUBLIC

[Signature]
Approved 6-22-15
in Commissioners Court

**BATES-COOPER-SLOAN FUNERAL HOME, L.L.P.**  
**2805 S. Jefferson St. - P.O. Box 1123 — Mt. Pleasant, TX 75456**  
**(903) 572-3621**

**FUNERAL PURCHASE AGREEMENT**

Name of Deceased Roy Sherwood Last Address 2530 Greenhill Rd. Date of Death 6/5/2015

Charge to Titus County Commissioners Court Telephone \_\_\_\_\_ Date of Service 6/8/2015

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**  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_  
 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**  
 \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_

**TOTAL OF MERCHANDISE SELECTED**  
 \$ \_\_\_\_\_

**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 \$ 950.00  
 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 \$ \_\_\_\_\_  
 4. Clergy honorarium \$ \_\_\_\_\_  
 5. Musicians honorarium \$ \_\_\_\_\_  
 6. Flowers \$ \_\_\_\_\_  
 7. Obituaries \$ \_\_\_\_\_  
 8. Certified copies of death certificates  
 Number of copies \_\_\_\_\_ \$ \_\_\_\_\_  
 9. Police Escort \$ \_\_\_\_\_  
 10. Other \$ \_\_\_\_\_

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

**TOTAL OF CASH ADVANCES** \$ \_\_\_\_\_

**SUMMARY OF CHARGES**

PROFESSIONAL SERVICES \$ \_\_\_\_\_  
 MERCHANDISE SELECTED \$ \_\_\_\_\_  
 SPECIAL SERVICES \$ 950.00  
 CASH ADVANCES \$ \_\_\_\_\_  
**TOTAL OF ALL CHARGES (Balance Due)** \$ 950.00

**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) 667-4881, 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).

Signature of Provisional Licensee Assistant \_\_\_\_\_ Executed this 8<sup>th</sup> day of June, 20 15

ACCEPTED FOR SELLER: \_\_\_\_\_

Signature (1)