

Updated 2016

Page 1 of 2

MILITARY VETERAN
___ YES ___ NO

APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

Bobby King 1101 W. 7th St MT. Pleasant TX 75455
Name of Deceased Address

3-14-1980 XXX-XX-2797 Yes
Date of Birth Social Security # Driver's License # (State)

I, the undersigned, hereby state that I was related to the deceased Bobby King as
(Relationship) Father. 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.

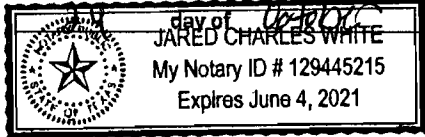
LIST OF ASSETS OWNED BY DECEASED, OR PERSON RESPONSIBLE FOR DECEASED:

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:

Curtis A. Traylor 10/24/17
APPLICANT FOR DECEASED DATE

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the



24 day of October, 2017.
Jared White
NOTARY PUBLIC

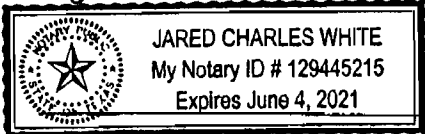
(TO BE COMPLETED BY FUNERAL HOME)

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 Funeral + Cremation of (Funeral Home)
J.C. White hereby submit an itemized statement for services
of deceased Bobby King and certify that such statement for \$950.00
represents the entire cost for services rendered.

10/24/17 J.C. White
DATE OWNER/REPRESENTATIVE OF FUNERAL HOME

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the



24 day of October, 2017.
Jared White
NOTARY PUBLIC

Approved by Commissioners' Court YES ___ NO
Bruce Lee 11-13-17

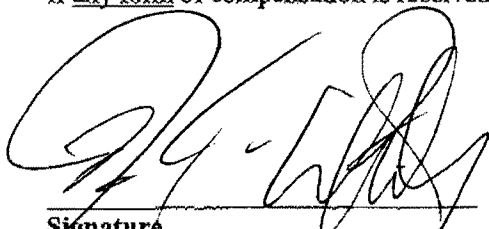
PAUPER'S FUNERAL VERIFICATION STATEMENT

Date: 10/24/17

J.C. White Funeral Home has not received any form of
(name of funeral home)

compensation for the funeral services for Bobby King.
(name of deceased)

If any form of compensation is received, we will notify the County Judge.



Signature
Authorized Funeral Home Representative



J.C. White

Funeral and Cremation Services

410 East 16th Street Mt. Pleasant, Texas 75455 Phone: 903-572-3911

FUNERAL ARRANGEMENT AGREEMENT

Name of Decedent Bobby King | Date of Death NA | Date & Time of Service NA | Place of Service Cremation

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and subject to the terms and conditions set forth on the front of this agreement, the undersigned funeral home (hereinafter referred to as "Seller") hereby agrees to sell and provide, and the undersigned person of persons (hereinafter, whether one or more, referred to as "Purchaser") hereby agree(s) to purchase, for the funeral of the decedent named above, the funeral services and merchandise listed below in the 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 cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral which required 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 direct cremation or immediate burial. If we charge for embalming, we will explain why below.

If you have any complaint(s) on any area of our service, you may contact us at your convenience. If any of your complaints cannot be resolved, you may also contact the Texas Funeral Service Commission, P.O. Box 12217, Austin, TX 78711. Telephone Number 1-888-667-4881

A. CHARGES FOR SERVICES, FACILITIES, & TRANSPORTATION:

Basic Services of Funeral	
Director/Staff & Overhead	\$ _____
Embalming	\$ _____
Other Preparation of Body:	
Reconstructive Restoration	\$ _____
Dressing & Casketing Remains	\$ _____
Refrigeration	\$ _____
Use of facilities & staff for viewing (visitation/wake)	\$ _____
Use of facilities & staff for funeral ceremony	\$ _____
Funeral Services & Staff at other facility	\$ _____
Use of facilities & staff for graveside services	\$ _____
Transfer of remains to funeral home	\$ _____
Funeral Coach (Hearse)	\$ _____
Funeral Sedan	\$ _____
Family Car(s)..... (_____)ea.	\$ _____
Pallbearers Car	\$ _____
Service Vehicle or Flower Car	\$ _____
Transfer to or from Common Carrier	\$ _____
Transfer to or from Crematory	\$ _____
Transfer to or from Place of Autopsy	\$ _____
Service Mileage	\$ _____
TOTAL SERVICES, FACILITIES, & TRANSPORTATION	\$ _____

B. CHARGES FOR MERCHANDISE:

Casket (Description)	_____) \$ _____
Alternative Container (Description)	_____) \$ _____
Outer Burial container (Description)	_____) \$ _____
Memorial Book (s)	\$ _____
Acknowledgement Cards	\$ _____
Prayer Cards	\$ _____
Air Tray	\$ _____
Crucifix	\$ _____
Clothing	\$ _____
Cremation urn	\$ _____
Grave Marker # _____	\$ _____
Other merchandise:	
_____	\$ _____
_____	\$ _____
TOTAL OF MERCHANDISE	\$ _____

Charges are made only for items that are used. If the type of funeral selected requires extra items, we will explain the reason for the extra items in writing on this memorandum.

D. CASH ADVANCED (To Third Parties)

(Certain charges may be estimated and if such estimates are given, a written statement of the actual charges will be provided before the final bill is paid.)

Medical Examiner's Permit	\$ _____
Cemetery Charges	\$ _____
Overtime Charge	\$ _____
Escort(s)	\$ _____
Cremation Fee	\$ _____
Packing/Shipping (Cremains)	\$ _____
Clergy (Honorarium)	\$ _____
Vocalist	\$ _____
Organist	\$ _____
Airlines (estimate)	\$ _____
Flowers - (_____)	\$ _____
Obituary Notice (estimate)	\$ _____
Programs - (_____/_____)	\$ _____
Telephone and Telegraph	\$ _____
Fax	\$ _____
Certified copies of death certificates:	
_____ at \$ _____	\$ _____
Others	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL OF CASH ADVANCED	\$ _____

SUMMARY OF CHARGES:

A. Services, Facilities, & Transportation	\$ _____
B. Merchandise	\$ _____
C. Special Charges	\$ <u>3000.00</u>
D. Cash Advanced	\$ _____
TOTAL OF CHARGES	\$ <u>3000.00</u>

METHOD OF PAYMENT:

Credits/Discounts	
<u>Funeral Home Discount</u>	\$ <u>1050.00</u>
_____	\$ _____
_____	\$ _____
Sub-Total	\$ _____

Payment Received on Account:	
[] Cash \$ _____ [] Check \$ _____	
Unpaid Balance Due	\$ <u>1950.00</u>
Veteran's Administration Claim to be Filed: Yes _____ No <u>✓</u> \$ _____	

TERMS OF PAYMENT: This is a cash transaction. The undersigned jointly and severally agree to pay J.C. White Funeral & Cremation Services at Provider's address on or before _____ O'clock ____m. ____/____/20____ the balance due on this account as set forth above, plus the agreed value of such additional services, materials and cash advances as may be furnished by the

A. CHARGES FOR SERVICES, FACILITIES, & TRANSPORTATION:

Basic Services of Funeral
Director/Staff & Overhead \$
Embaling \$
Other Preparation of Body:
Reconstructive Restoration \$
Dressing & Casketing Remains \$
Refrigeration \$
Use of facilities & staff for viewing (visitation/wake) \$
Use of facilities & staff for funeral ceremony \$
Funeral Services & Staff at other facility \$
Use of facilities & staff for graveside services \$
Transfer of remains to funeral home \$
Funeral Coach (Hearse) \$
Funeral Sedan \$
Family Car(s)..... ()ea. \$
Pallbearers Car \$
Service Vehicle or Flower Car \$
Transfer to or from Common Carrier \$
Transfer to or from Crematory \$
Transfer to or from Place of Autopsy \$
Service Mileage \$
TOTAL SERVICES, FACILITIES, & TRANSPORTATION \$

B. CHARGES FOR MERCHANDISE:

Casket (Description) \$
Alternative Container (Description) \$
Outer Burial container (Description) \$
Memorial Book (s) \$
Acknowledgement Cards \$
Prayer Cards \$
Air Tray \$
Crucifix \$
Clothing \$
Cremation urn \$
Grave Marker # \$
Other merchandise: \$
TOTAL OF MERCHANDISE \$

Charges are made only for items that are used. If the type of funeral selected requires extra items, we will explain the reason for the extra items in writing on this memorandum.

If any law or cemetery or crematory requirement has required the purchase of any of the items listed above in the statement of funeral goods and services selected. The law or requirement is explained below:

Reason for Embalming
Cemetery Requirement
Crematory Requirement
Other:

C. SPECIAL CHARGES:

Forwarding of Remains to Another Funeral Home \$
Receiving of Remains from Another Funeral Home \$
Immediate burial \$
Direct cremation \$
TOTAL OF SPECIAL CHARGES \$

Executed this 17 day of October, 20 17
ACCEPTED FOR SELLER:

D. CASH ADVANCED (To Third Parties)

(Certain charges may be estimated and if such estimates are given, a written statement of the actual charges will be provided before the final bill is paid.)

Medical Examiner's Permit \$
Cemetery Charges \$
Overtime Charge \$
Escort(s) \$
Cremation Fee \$
Packing/Shipping (Cremains) \$
Clergy (Honorarium) \$
Vocalist \$
Organist \$
Airlines (estimate) \$
Flowers - () \$
Obituary Notice (estimate) \$
Programs - (/) \$
Telephone and Telegraph \$
Fax \$
Certified copies of death certificates:
at \$ \$
Others \$
TOTAL OF CASH ADVANCED \$

SUMMARY OF CHARGES:

A. Services, Facilities, & Transportation \$
B. Merchandise \$
C. Special Charges \$ 2100.00
D. Cash Advanced \$
TOTAL OF CHARGES \$ 2100.00

METHOD OF PAYMENT:

Credits/Discounts
Funeral Home Discount \$ 1050.00
Sub-Total \$

Payment Received on Account:
 Cash \$ Check \$ \$
Unpaid Balance Due \$ 1050.00
Veteran's Administration Claim to be Filed: Yes No \$

TERMS OF PAYMENT: This is a cash transaction. The undersigned jointly and severally agree to pay J.C. White Funeral & Cremation Services at Provider's address on or before _____ O'clock _____ m. / / 20 the balance due on this account as set forth above, plus the agreed value of such additional services, materials and cash advances as may be furnished by the J.C. White Funeral & Cremation Services if the agreed payment date is on or before the date and time of the service set forth above, receipt by said Provider of the unpaid balance due is a condition precedent to said Provider's performance of the service, and provider will not provide the service if the unpaid balance due is not paid on the due date stated above, unless prior arrangements have been agreed upon before the above service date. If such payment is deferred, the time of deferment shall be no more than _____ days from the date of the service original due date. A late penalty of 1.5% per month (18% per year) will be assessed on the unpaid balance for materials and services.

(Signature 1) Curtis A. Taylor
Buyer

Signature (2) _____
Co-Buyer, if any

By: [Signature] 111943
Signature of Licensed Funeral Director