

MILITARY VETERAN

___ YES ___ NO

APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

Willie Howard 2003 N Edwards Ave Mt. Pleasant, TX
 Name of Deceased Address
3/25/17 XXX-XX- TX
 Date of Birth Social Security # Driver's License # (State)

I, the undersigned, hereby state that I was related to the deceased Willie Howard as
 (Relationship) Sister. 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.

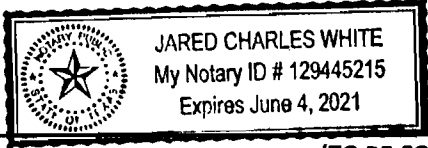
LIST OF ASSETS OWNED BY DECEASED, OR PERSON RESPONSIBLE FOR DECEASED:

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:

Robin Stoker 11/7/17
 APPLICANT FOR DECEASED DATE

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the
7 day of Nov, 2017.



Jared White
 NOTARY PUBLIC

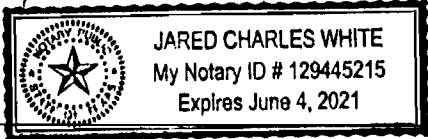
(TO BE COMPLETED BY FUNERAL HOME)

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 of (Funeral Home)
 hereby submit an itemized statement for services
 of deceased Willie Howard and certify that such statement for \$950.00
 represents the entire cost for services rendered.

11/7/17 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
7 day of Nov, 2017.



Jared White
 NOTARY PUBLIC

Approved by Commissioners Court YES ___ NO
Brian Lee 11-27-17

PAUPER'S FUNERAL VERIFICATION STATEMENT

Date: 11/7/17

J.C. White has not received any form of
(name of funeral home)
compensation for the funeral services for Willie Howard.
(name of deceased)

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

[Signature]
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

Willie Howard 11-5-17 N/A Cremation
 Name of Decedent Date of Death Date & Time of Service Place of Service

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 or 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 \$ _____

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 \$ _____

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 \$ _____

SUMMARY OF CHARGES:

A. Services, Facilities, & Transportation \$ _____
 B. Merchandise \$ _____
 C. Special Charges \$ 200.00
 D. Cash Advanced \$ _____
TOTAL OF CHARGES \$ 200.00

METHOD OF PAYMENT:

Credits/Discounts
Funeral Home Discount \$ 1050.00
 \$ _____
 Sub-Total \$ 950.00

Payment Received on Account:
 Cash \$ _____ Check \$ _____ \$ _____
 Unpaid Balance Due \$ _____
 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

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.

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.

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 \$ 2000.00
TOTAL OF SPECIAL CHARGES \$ 2000.00

Executed this 7 day of Nov, 20 14
 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 \$ _____
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 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 \$ 2000.00
 D. Cash Advanced \$ _____
TOTAL OF CHARGES \$ 2000.00

METHOD OF PAYMENT:

Credits/Discounts
Funeral Home Discount \$ 1050.00
 Sub-Total \$ 950.00

Payment Received on Account:
 Cash \$ _____ Check \$ _____
 Unpaid Balance Due \$ _____

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) Robin Stoker
 Buyer

Signature (2) _____

By: Pauline Stoker Co-Buyer, if any
 Signature of Licensed Funeral Director