CALIFORNIA
CREMATION CENTERS

**FD # 1911**
**1525-A North Waterman Avenue**
**San Bernardino, California 92404-5110**
**Telephone (800) 466-6110**
**Fax or email all documents to:**
**Fax (909) 453-4473**
**info@californiacremationcenters.com**

## Release Authorization-Family Care Form

Next-of-Kin-Contact Person:_____ Relationship: _____

Email:_____Telephone: _____

Address: _____

☐ Death has occurred ☐ Death is imminent ☐ Prearrangements

TO: Hospital, Nursing Home, and Coroner or Present Location of Deceased

**LOCATION OF DECEDENT** _____

I hereby authorize and request the remains of:
**NAME OF DECEDENT** _____

To **California Cremation Centers**

The above named funeral home, including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required as secure release of the above named decedent. The undersigned further states that they have the legal right to make the authorization.

SIGN SIGNATURE_____DATE_____

**NOTE**: Completing our Release/Family Care Form will allow us permission to take your loved one into our care. Upon completion of form, fax back to our offices at (909) 453-4473 or email to: info@californiacremationcenters.com

If death occurs after 5pm, rest assured that our representatives will contact you the following business day at 9am for appointment scheduling.

CALIFORNIA CREMATION CENTERS

## NON-MEDICAL STATISTICAL INFORMATION REQUIRED TO COMPLETE DEATH CERTIFICATE

| 1. NAME OF DECEDENT-FIRST (GIVEN) | 2. MIDDLE | 3. LAST (Family) |
|---|---|---|
| AKA, ALSO KNOWN AS-INCLUDE FULL AKA (FIRST,MIDDLE,LAST) | 4. DATE OF BIRTH mm/dd/ccyy | 5. AGE Yrs. |

| 6. SEX | 7. DATE OF DEATH | 8. HOUR (24 HOURS) | 9. BIRTH STATE/FOREIGN COUNTRY | 10. SOCIAL SECURITY NUMBER | 11. EVER IN U.S. ARMED FORCES? |
|---|---|---|---|---|---|
| | | | | | ☐ YES ☐ NO ☐ UNK |

12. MARITAL STATUS-CHECK ONE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED

☐ NEVER MARRIED ☐ UNKNOWN ☐ CA.REG.DOMESTIC

13. EDUCATION (Highest Grade or Degree) –CHECK ONE

☐ 0-DID NOT COMPLETE ONE YEAR ☐ GRADES 1-11 GRADE ☐ H.S. DIPLOMA/GED

☐ SOME COLLEGE (NO DEGREE) ☐ ASSOCIATE ☐ BACHELORS ☐ MASTERS ☐ DOCTORATE

| 14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO | 16. DECEDENT'S RACE- UP TO 3 RACES MAY BE LISTED |
|---|---|
| ☐ Yes _____ ☐ No | |

| 17. USUAL OCCUPATION- Type of work for most life(do not use retired) | 18. BUSINESS / INDUSTRY | 19. YEARS IN OCCUPATION |
|---|---|---|
| | | |

| 20. DECEDENT'S RESIDENCE (STREET AND NUMBER OR LOCATION) | 21. CITY | 22. COUNTY/PROVINCE | 23. ZIP CODE |
|---|---|---|---|
| | | | |

| 24. YEARS IN COUNTY | 25. STATE/FOREIGN COUNTRY | 26. NAME RELATIONSHIP/ INFORMANT | 27. MAILING ADDRESS AND TELEPHONE NUMBER |
|---|---|---|---|
| | | | |

| 28.NAME OF SURVIVING SPOUSE-FIRST | 29. MIDDLE | 30. LAST (MAIDEN) |
|---|---|---|
| | | |

| 31. NAME OF FATHER –FIRST | 32. MIDDLE | 33. LAST | 34. BIRTH STATE |
|---|---|---|---|
| | | | |

| 35. NAME OF MOTHER –FIRST | 36. MIDDLE | 37. LAST (MAIDEN NAME) | 38. BIRTH STATE |
|---|---|---|---|
| | | | |

39. FINAL DISPOSTION (CHECK ONE) ☐ **BURIAL AT CEMETERY** ☐ **KEEP AT RESIDENCE** ☐ **SCATTER AT SEA BY**

ADDRESS OF CEMETERY OR RESIDENCE _____

**40. NAME , ADDRESS AND RELATIONSHIP OF PERSON(S) WHO WILL KEEP CREMATED REMAINS AT THEIR RESIDENCE**

I Certify the information is true and correct: x _____

**CA Health and Safety Code 102775 Each death shall be registered with the local registrar of births and deaths in which the death was officially pronounced or the body was found, within eight calendar days after death and prior to any disposition of the human remains.**

# DISCLOSURE OF PRENEED FUNERAL AGREEMENT

The funeral establishment, **California Cremation Centers**
License number FD 1911, DOES _____, DOES NOT _____, (check one) have a preneed arrangement, as defined below, made by or on behalf of

_____.
(Name of decedent)

If the funeral establishment does have a preneed agreement, complete the following:

In compliance with Business and Professions Code Section 7745, the funeral establishment has presented to the person named below a copy of any preneed agreement which has been signed and paid for in full, or in part by, or on behalf of the deceased and is in the possession of the funeral establishment.

Signature of funeral establishment representative_____Date _____

**"Preneed arrangement,"** "preneed agreement" or "preneed" is written instruction regarding goods or services or both goods and services for final disposition of human remains when the goods or services are not provided until the time of death, and may be either unfunded or paid for in advance of need.

**Funeral Establishment's Responsibility** – Business and Professions Code Section 7745 requires a funeral establishment to present to the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession which has been signed and paid for in full, or in part by, or on behalf of the deceased. Business and Professions Code Section 7685.6 requires a copy of any preneed arrangements to be disclosed prior to drafting any contract for funeral goods or services. The funeral establishment may present the copy in person, by certified mail, or by facsimile transmission, as agreed upon by the person with the right to control disposition. A funeral establishment that knowingly fails to present a preneed agreement as required is liable for a civil fine equal to three times the cost of the preneed agreement, or one thousand dollars ($1,000), whichever is greater.

You may contact the Cemetery and Funeral Bureau for more information on funeral, cemetery or cremation matters or to file a complaint against a licensee:

**Cemetery and Funeral Bureau**
**1625 North Market Blvd., Suite S-208**
**Sacramento, CA 95834**
**916-574-7870**

SIGN _____ _____
Signature of the survivor or responsible party Date

_____
Print name of the survivor or responsible party

_____
Signature of funeral establishment representative Date

_____
Print name of funeral establishment representative Title

**The funeral establishment must: Give a copy of the completed statement to the survivor or responsible party. Retain the original or a copy of the completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.**

# Authorization for Cremation and Disposition of Human Remains

**Name of Deceased**: _____ **Sex:** _____

**Decedents Usual Address**: _____

_____

(Hereafter the "Deceased/Decedent"), and to arrange final disposition of the cremated remains as follows:

**Select One Option**:

☐ I hereby **DECLINE** to View the Decedent prior to cremation process

☐ I **REQUEST** a Viewing of the Decedent prior to cremation process **Date/Time by Counselor**: _____

**Select One Option**:

☐ I **DECLINE** to Witness the insertion into the cremation chamber

☐ I **REQUEST** to Witness the insertion into the cremation chamber. **Date/Time by Counselor**: _____

**Casket/Containers:** Southland Crematory hereafter the "Crematory", requires either a casket or alternative cremation container. All caskets and alternative containers must meet the following standards: 1) be composed of combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; 4) be sufficient for handling with ease; and 5) be able to provide protection for health and safety of Crematory personal. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Funeral Home directly for instructions. Metal, Plastic, Fiberglass Caskets or Cremation Containers will not be allowed to be cremated. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items in any lawful manner it deems appropriate. These may include, but not limited to hinge, handles, latches, etc. In the event the urn or other container is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle (plastic urn) at no charge. The receptacle (plastic urn) will be kept with the primary receptacle and handled according to the disposition on this form.

Casket or Cremation Container Selected_____/Urn Selected_____

**Pacemaker, Prostheses, and Radioactive Devices:** Pacemakers and prostheses, as well as any mechanical or radioactive devices or implants in the decedent, may create a hazardous condition when placed in the cremation chamber. It is imperative that such items be removed prior to cremation. If the Crematory is not notified of these devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be held responsible for any damages caused to Southland Crematory personnel or equipment by such devices or implants. By initialing this paragraph, I/We give permission to the Crematory, Funeral Home, or Staff to remove the surgical hardware as referenced above prior to cremation. The Funeral Home and or the Crematory are authorized to dispose of the device(s) as deem appropriate.

**Pacemaker: YES ☐ OR ☐ NO (Select One Option) Decedent Approximate Weight: ____lbs**

**Clothing at Time of Removal: Stay ☐ OR Return To Family ☐ (Select One Option)**

**Authorizing Agent:** An Authorizing Agent is the person(s) having the right to control the disposition of the Decedent pursuant to Health and Safety Code Sec. 7100.1.) Decedent, 2) An Agent under power of attorney for Health care, 3) Spouse or Registered Domestic Partner, 4) Adult Children, 5) Parents, 6) Other surviving competent adult Kin. By signing this Authorization for Cremation and Disposition, I/We acknowledge and agree that I/We have read and understood every part of this Authorization, including the fact that the process of cremation is irreversible, and I/We nevertheless desire that the Deceased's remains be cremated in accordance with this authorization. I/We agree to indemnify, release and hold Southland Crematory, The Funeral Home, Their affiliates, Employees and assigns, harmless from any and all losses, damages, cost or expense resulting from the Funeral Home's and Crematory's reliance on or performance consistent with directions, declaration, representation, authorization and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent, and liability or causes of action in connection with the cremation and disposition of the cremated remains as authorized herein. I/We warrant that all representations and statements made herein are true and correct. I/We have either identified or waived my/our rights of identification of the Decedent that were delivered to the Funeral Home as the Decedent and I/We have authorized the Funeral Home to deliver the Decedent to the Crematory.

I (We) certify that the decedent did not give directions that his/her remains not be cremated, and that:
**(Select One Option)**

- ☐ I am making this authorization for myself.
- ☐ I am the Agent under a Durable Power of Attorney for Health Care (attach a copy of the Durable Power of Attorney).
- ☐ I am the surviving spouse. ☐ I am the surviving Registered Domestic Partner
- ☐ I am (We are) the surviving child (children- all or majority). _____ Number of children
- ☐ I am (We are) the surviving parent (parents). _____ Number of parents
- ☐ I am (We are) all or a majority of the surviving sister(s) and brother(s). _____ Number of siblings
- ☐ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

Other (Name and Relationship): _____

**The Cremation Process:**

The Human body burns with the casket, container, or other materials in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains that disintegration chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and scattered at sea in accordance with State Laws. The acknowledgement shall be filed and retained, for at least five years, by the person who disposes of the remains. Due to the nature of the cremation process, any personal possessions or valuable materials such as dental gold or silver, or jewelry (as well as and body prostheses or dental bridgework) that are left with the Decedent and are not removed from the casket or cremation container prior to cremation may be destroyed and become non-recoverable, or if not destroyed, they will be handled by the Crematory in accordance with the instructions on the authorization. If you desire to save such items, the Authorizing Agent must make arrangements to remove any such possessions or valuables prior to cremation. After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, body prostheses, and materials from the casket or containers such as hinges, latches, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. Unless specifically requested to return such items in writing, the Crematory is authorized to dispose of these materials with similar materials from other cremation in a non-recoverable manner, so that only the human bone fragments will remain. There may be small non-combustible material the operator may not visibly see and be placed in the urn with the human bone fragments. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragment. After the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing particles unrecognizable as human remains, prior to placement into the designated container.

**DISPOSITION OF CREMATED REMAINS**

I/We authorize the Crematory to release the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligation of the Crematory shall be fulfilled when the cremated remains of the Decedent are released to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the Decedent as stated below. I understand that in the event the cremated remains have not been permanently interred or picked up by me or my designated representative within 20 days from the date of cremation, The Funeral Home is authorized to lawfully dispose of the unclaimed cremated remains pursuant to statutes:
**(Select One Option)**

- ☐ Release said cremated remains to funeral home for family pickup: _____
- ☐ Scattering of cremated remains off the coast of Orange County, CA – non-witnessed. Additional fees may apply.
- ☐ I appoint the Funeral Home as my agent to make shipment of said cremated remains via the U.S. Postal Service, I understand that the Funeral Home assumes no responsibility after delivery. Additional fees may apply.

**SHIP TO**: _____

**Address**: _____

**PLACE OF FINAL DISPOSITION**: _____

**Address**: _____

**(NOTE: I understand that if the remains are not picked up within twenty (20) days after the cremation, the Funeral Home may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.)**

**SIGNATURES: The following person(s) authorize the cremation and disposition of the Decedent named above, and agree that a facsimile copy of this Authorization, or a copy of this Authorization with our electronic signatures, shall be as valid as an original. [Note: This is an important legal document which you should read carefully before signing.]**

**IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF THE FUNERAL HOME, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE, OR IF NO PHOTO ID, THEN ALL SIGNATURES NEED TO BE NOTARIZED.**

**Signature of Authorized Agent(s)**: _____ Relationship: _____

Print Name: _____ Phone #: _____

Address: _____

**DATE**: _____, **City** _____ **CA**.

**Signature of Authorized Agent(s)**:_____Relationship: _____

Print Name:_____Phone #: _____

Address: _____

**DATE**:_____, **City**_____**CA**.

**Signature of Authorized Agent(s)**:_____Relationship: _____

Print Name:_____Phone #: _____

Address: _____

**DATE**:_____, **City**_____**CA**.

**Signature of Authorized Agent(s)**:_____Relationship: _____

Print Name:_____Phone #: _____

Address: _____

**DATE**:_____, **City**_____**CA**.

**Funeral Home:**_____**Counselor:** _____

**DATE**:_____, **City**_____**CA**.

**Southland Crematory**

**If you have any questions please ask your Funeral Counselor and or, For more information on Funeral, Cemetery, and Cremation matters, contact: Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Blvd. Suite S-208 Sacramento, CA 95834 (916) 574-7870**

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

**I/We hereby declare (my remains) or (the remains of) _____ in the Possession of California Cremation Centers (800) 466-6110, we will select the designated crematory, Southland Crematory (CR #304), 909-332-6998 and shall be disposed of in the following manner (Note 1):**
**(Please Indicate NAME and ADDRESS where cremated remains will be taken to)**

_____
Manner, Location and Other Details of Disposition

_____

_____
Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): _____

_____

_____

**Signed** _____ **Date**_____
***Person(s) with legal right to control disposition or Self, if prearranging***
**Signed**_____**Date** _____
***Person(s) with legal right to control disposition***
**Signed**_____**Date** _____
***Person(s) with legal right to control disposition***
**Signed**_____**Date** _____
***Person(s) with legal right to control disposition***

Name of person(s) contracting for cremation services: _____

**Signed** _____ **Date** _____
***Person(s) contracting for cremation services***

**Signed**_____Lic. # 1911_____**Date** _____
Funeral Director, Employee, or Agent for Funeral Establishment If Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person (s) with the legal right to control disposition of human remains.

**IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral Establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. Failure to complete this form may result in disciplinary action by the Bureau.**
**This declaration does not replace the written authorization to cremate required by Health and Safety Code Sections 7110 and 7111.**

**NOTICE REGARDING CREMATED REMAINS**

A person having the right to control disposition of cremated remains may remove the cremated remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code.

If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code.

# AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: **California Cremation Centers**
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. **I understand that embalming is not required by law.**

I, _____, do ☐ do not ☐ (Check one) request embalming.

I understand that for storage or embalming purposes the decedent may be transported to the following location:

Mark B. Shaw FH-1525 North Waterman Avenue San Bernardino, California 92404-5110
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: _____, Relationship to Decedent: _____

Executed this ____ day of _____, _____, at _____
(Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____,

Who did ☐ did not ☐ (check one) authorize embalming at the above named funeral establishment. Telephone Number: _____

Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this ____ day of _____, _____, at _____
(Month) (Year) (City and State)

_____ _____
Funeral Establishment representative (print name) Funeral Establishment representative (signature)

# STATEMENT OF FUNERAL GOODS AND SERVICES

Charges are only for those items that you select or that are required. If we are required by law or by a cemetery or crematory to use any item, 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 if you did not approve or if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming we will explain why below.

***Name of Deceased*** _____

**Dignified Cremation** **(Includes Removal from Place of Death, Refrigeration, Holding, and Cremation Process)**

| | |
|---|---|
| • ***Dignified Cremation*** | $ **595.00** |

**Select Additional Options**

| | |
|---|---|
| ☐ • Preparing unembalmed remains for an ID Viewing<br>Limited to a maximum of 6 persons for 15 minutes | $ 125.00 |
| • Removal of deceased within 30 miles of City of San Bernardino | **Included** |
| *Enter Miles* _____($3.00 per additional mileage over 30 miles of San Bernardino. | $ 0 |
| ☐ • Removal of implanted devices, containing batteries such as a pacemaker | $ 100.00 |
| ☐ • Rush cremation fee (Within 3 days of receiving disposition permit) | $ 350.00 |
| ☐ • Witness cremation (6 persons, 15 minutes, minimal preparation) | $ 350.00 |
| • If deceased is over 300lbs. (Advisor Will Provide Additional Fees) | |
| ☐ • Second person for removal from home or non-institutional location | $ 100.00 |
| ☐ • 1 Hour In-Person Consultation | $ 100.00 |
| ☐ • Hand Delivery of Cremated Remains to Residence Within 30 Miles | $ 200.00 |

**Please Select Your Urn**

| | |
|---|---|
| ■ Temporary Plastic Urn for transfer to funeral home | $ INC |
| ☐ Alternative Cardboard Container | $ INC |
| ☐ **Honey Brown Urn** | $ 195.00 |
| ☐ **Steel Chest Urn** | $ 195.00 |
| ☐ **Butterfly Reflections Urn** | $ 195.00 |
| ☐ **Sable Chest Urn** | $ 395.00 |
| ☐ **Franklin Cherry Urn** | $ 395.00 |
| ☐ **Ashen Pewter Urn** | $ 395.00 |
| ☐ • **Register Book Set, Book/Folders/Thank you cards(Start At)** | $ 95.00 |
| ☐ • **Velvet Pouch Protective Liner** | $ 20.00 |

**Disposition Options-**

| | |
|---|---|
| ☐ • Shipping by priority mail (Within US.) | $ 175.00 |
| ☐ • Sea scattering | $ 200.00 |
| ☐ • Placement of cremated remains in urn selected from mortuary | **Included** |
| ☐ • Transfer of cremated remains if urn provided by family | $ 50.00 |
| ☐ • Veteran cemetery inurnment (completing paperwork for a family directed service) | $ 95.00 |
| ☐ • Delivery of cremated remains to local cemetery (at mortuary convenience) | $ 195.00 |

**County / State Fees**

| | |
|---|---|
| ☐ • Mailing of Death Certificate(s) - Certified | $ 30.00 |
| ☐ • Certified copy of the death certificate | $ 21.00 |
| Additional Copies Requested @ $21 each) #_____ | $ 0 |
| • California disposition burial / cremation permit (Required State Fees) | $ 12.00 |
| • State of California Department of Consumer Affairs fee (Required State Fees) | $ 8.50 |

**Coroner Fee (Enter Appropriate Fee if deceased is at Coroner's Office.)**

- ☐ ➢ San Bernardino County ..... $ 253.38
- ☐ ➢ Riverside County ..... $ 320.00
- ☐ ➢ Orange County ..... $ 318.00
- ➢ Los Angeles/Ventura County..... Coroner Bills Family Direct

| | |
|---|---|
| • Enter Applicable Coroner Fee | $ 0 |
| • Sales Tax on merchandise (8.0%) | $ 0 |
| TOTAL AMOUNT DUE..... | $ 615.5 |

**TYPE OF PAYMENT**

_____ Check _____ Credit Card ____ Cash

**Credit Card information**

_____ Visa _____ MasterCard _____ Discover _____ American Express

Credit Card Number_____ Exp date_____ (mm/yy)

Name on card_____ Security V-Code_____

Mailing address on Card_____

_____

Telephone Number_____

SIGN Signature of Card holder_____

Print Name of Purchaser:_____

Address of Purchaser _____

Purchasers email address _____

**FAX OR EMAIL**

**Fax completed forms to (909) 453-4473 or email to info@californiacremationcenters.com with a copy of a photo ID (i.e. Driver's License) of all signers and a copy of the Durable Power of Attorney for Health Care if applicable.**

NOTICE: Any holder of this Consumer Contract is subject to all claims and defenses which the debtor could assert against the seller of goods and services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amount paid by the debtor hereunder. NOTICE: The Buyer shall have the right to pay in full the unpaid total charges at any time prior to the final due date.

A service charge of 1 ½ % per month will be added to any balance due (annual percentage rate of 18%). Nothing herein contained shall preclude or stop the payee hereof from filing a claim against or collecting for any part of the above charges from the estate of the decedent, or from any other person or persons liable thereof, but the obligation of the undersigned shall be deemed to be a joint and several obligation with said estate and any other person or persons liable thereof. Life insurance proceeds, burial association benefits, and/or other sums payable as a consequence of the death of the deceased, assigned in any manner to the indebtedness hereunder, to extent of the balance due therefore, subject to collection. In case suit is instituted to collect this note, or any portion thereof, I/WE promise to pay such additional sum as the Court may adjudge reasonable as court costs and attorney's fees in said suit.

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS,
CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU
1625 NORTH MARKET BLVD., SUITE S-208
SACRAMENTO, CA 95834
TELEPHONE: 1-800-952-5210

CALIFORNIA CREMATION CENTERS