

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment Jimerson-Lipsey Funeral Home

Name of Deceased Allison Sutherland Date of Death 7-5-18

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

[Signature] Date Signed 7-30/18
Signature of next-of-kin or Person Responsible for making arrangements for final disposition

NOTE: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.

If Authorization for embalming is oral, complete the following:

Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.

Authorization to embalm received from _____

Relationship to Deceased _____

Time _____ a.m. or p.m. Date _____

Received by _____

If no authorization can be obtained, complete the following:

I hereby acknowledge that _____ has made a reasonable effort over a _____
Name of Establishment
period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. _____
Times contact with family attempted. _____

Signature and License # of Embalmer

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, ~~refuses to give permission to embalm~~ the above-named deceased individual.

[Signature] 7-30-18
Signature Date

JIMERSON-LIPSEY FUNERAL HOME

P.O. Box 1136
 Carthage, Texas 75633
 (903) 693-7125

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

In the event that I may wish to question or comment on any area of service, I may contact the funeral establishment at my convenience. If matters cannot be resolved satisfactorily, complaints may be directed to the Texas Funeral Service Commission, P.O. Box 12217, Capitol Station, Austin, Texas 78711. Telephone number: (512) 936-2474. FAX Number: (512) 478-5064.

DECEASED Allison Sutherland No. _____
 DATE OF DEATH 7-5-2018
 PLACE OF DEATH Carthage, TX
 DATE OF STATEMENT 7-16-2018

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff Incl.
 Embalming
 Other preparation of body

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation ...
 Use of Facilities & Staff for Funeral Ceremony ...
 Use of Facilities & Staff for Memorial Service ...
 Use of Equipment & Staff for Graveside Service ...
 Use of Equipment & Staff for Church Service

3. Transportation:

Transfer of Remains to Funeral Home
 Hearse
 Limousine
 Sedan
 Service / Utility Vehicle

4. Other Services / Facilities / Equipment:

.....

 TOTAL OF SERVICES SELECTED \$ -

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle) Incl.
 Name/No.
 Material
 Color
 Outer Burial Container
 Name/No.
 Material
 Acknowledgement Cards
 Register Book
 Memory Folders / Prayer Cards
 Clothing
 Cremation Urn Incl.

 TOTAL OF MERCHANDISE SELECTED \$ -

C. SPECIAL CHARGES

Forwarding remains to: Receiving remains from:

Immediate Burial
 Direct Cremation for Panola County 1,000
 Other
 TOTAL OF SPECIAL CHARGES \$ 1,000

TOTAL FUNERAL HOME CHARGES \$ 1,000
 (This total does not include Cash Advances)

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 a cemetery or 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.

CASH ADVANCES

Certified Copies of Death Certificate
(1) @ \$42+ each \$ Included

Clergy
 Musician
 Paid Newspaper Notice
 Cemetery
 Other -Transport from Dallas 425

TOTAL CASH ADVANCES \$ 425

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges \$ 1,000
 Local Sales Tax (if applicable) \$ -0-
 State Sales Tax (if applicable) \$ -0-
 Total Cash Advances \$ 425
GRAND TOTAL \$ 1,425
 Less Credits and Payments \$
 Total Credits \$

BALANCE DUE ▶ \$ 1,425

Billing To LeAnn Jones
110 S. Sycamore
Carthage TX 75633

DISCLOSURES

Reason for embalming

N/A

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

N/A

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: Panola County
Insigent

Full payment is due no later than 30 Time

If any payment is not paid when due, an unanticipated LATE CHARGE of 1.5 % per month (ANNUAL PERCENTAGE RATE 18 %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed LeAnn Jones 7-30-18 Dated
 Social Security Number

x Signed _____ Dated _____

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By [Signature] 111971 7/16/18

No. _____

East Texas Crematory, Inc.

Coin _____

PO Box 609 ~ Longview, Texas 75606 ~ 903-663-0310 ~ FAX 903-663-6968
AUTHORIZATION FOR CREMATION AND DISPOSITION

Effective Date: January 1, 2012

NOTICE: This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible. Read this entire document carefully before signing. Charges are only for those items that you select or that are required. If we are required by law to use any items, we will explain the reasons in writing below.

Name of Deceased (hereinafter referred to as the "Decedent"): ALLISON SUTHERLAND
Sex: FEMALE Age: 68 Approximate Weight of Decedent: 160
Date of Death: 07-05-2018 Time of Death: FOUND 11:16 am / pm County of Death: PANOLA
Name of Certifier: TONI HUGHES, J.P. Title (Circle): Physician Medical Examiner Justice of the Peace

NOTE: A JP/ME AUTHORIZATION IS REQUIRED ON ALL JP / ME CASES or any case to be cremated within 48 hours of the Time of Death

Authority of Authorizing Agent

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, and know of no living person who has a superior or equal priority right, to authorize the cremation, processing and disposition of the remains of the Decedent. If another person has a superior or equal priority right to authorize cremation, I/we have made all reasonable efforts but failed to contact that person and believe the person would not object to the cremation; and I/we agree to indemnify and hold harmless the funeral establishment and the crematory establishment for any liability arising from performing the cremation without the person's authorization.

I/We hereby request and authorize JIMERSON-LIPSEY FUNERAL HOME (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the Decedent at East Texas Crematory (hereinafter referred to as the "Crematory"). I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home or other party as designated below. I/We assume responsibility for the disposition of the cremated remains and I/we hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Decedent as follows:

____ Description of urn or container selected: _____ Suitable for shipping: ____ Yes ____ No
 Release to (authorized agent or other person): _____
____ Scatter in Rosewood Park Cemetery
____ Ship via United States Postal Service to: Name: _____
Address: _____ City: _____ State: _____ Zip: _____
____ Other Services: _____
____ Additional Charges / Fees: _____
Explanation: _____

Manner of permanent disposition of cremated remains, if known: _____

Funeral Service/Viewing

Has the authorizing agent arranged for a viewing or a service with the Decedent present before cremation: ____ Yes No
If so, the date and time of the viewing or service: (date) _____ (time) _____

ALL PACEMAKERS/RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO RELEASING DECEDENT TO THE CREMATORY.
To the best of your knowledge, did the Decedent's remains contain a pacemaker, radioactive implant or other device that could be harmful to the crematory?
PICKED UP FOR PANOLA COUNTY AND DID NOT CHECK * UNKNOWN ____ No ____ Yes
The following list contains the all existing devices (including mechanical, radioactive implants and prosthetic devices) implanted in or attached to the Decedent which should be removed prior to cremation: _____
I/We have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the Decedent to the Crematory.

Valuables

As the casket or container will not normally be opened by Crematory (to remove valuables, to allow for final viewing, or for any other reason), arrangements must be made with the funeral home to remove such possessions or valuables prior to the time that the Decedent is transported to Crematory
Please list any items of value to be delivered to the Crematory along with the human remains and include instructions for handling of the items:
NONE

Time of Cremation

Crematory is authorized to perform cremation upon receipt of the human remains, at its discretion and according to its own time schedule, as work permits, without obtaining further authorization or instructions.

Limitation of Liability

As the Authorizing Agent(s), I/we agree to indemnify, defend, and hold harmless Crematory, its officers, agents and employees, of and from all claims, demands causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this Authorization, including the failure to properly identify the Decedent or the human remains transmitted to the Crematory, the processing, shipping and final disposition of the Decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, and damage due to the harmful or explosive implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent's cremated remains, or any other action performed by Crematory, its officers, agents, or employees pursuant to this Authorization, excepting only acts of willful negligence. The obligations of the Crematory shall be limited to the cremation of the Decedent and the disposition of the Decedent's cremated remains as authorized on this Authorization for Cremation and Disposition. No warranties, expressed or implied, are made and damages shall be limited to the amount of the cremation fee paid.

By executing this Cremation Authorization, as Authorizing Agent(s) the undersigned warrant that all representations and statements contained on this Authorization are true and correct, that these statements were made to induce the Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained within this Authorization. (Including information on the back of this authorization.)

Executed at PANOLA COUNTY COURTHOUSE this 30th day of JULY, 2018

NAME: LEANN JONES SIGNATURE: Leann Jones

Relation to the Decedent: PANOLA COUNTY JUDGE Phone No. (903-693-0391)

Address: 110 SOUTH SYCAMORE STREET, CARTHAGE, TEXAS 75633 PANOLA COUNTY COURTHOUSE

NAME: _____ SIGNATURE: _____

Relation to the Decedent: _____ Phone No. (_____)

Address: _____

NAME OF FUNERAL DIRECTOR: STUART J. LIPSEY SIGNATURE: Stuart Lipsey

Name and Address of Funeral Home: JIMERSON-LIPSEY FUNERAL HOME

1131 SH 149, P.O. BOX 1136

CARTHAGE, TEXAS 75633 (903) 693-7125

