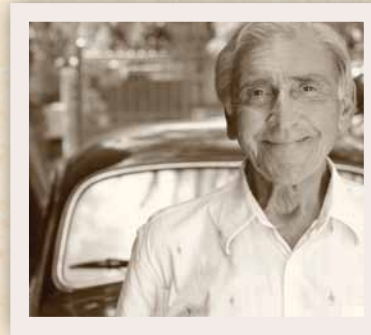


SIMPLICITY CREMATION PERSONAL PLANNING GUIDE



Planning your own cremation gives you peace of mind, while easing the burden of decision-making for your loved ones during a difficult time.

In addition to planning your cremation wishes in advance, you also have the option of paying in advance and securing a lifetime guarantee, covering the major expenses associated with cremation services.

Simplicity Cremation is California's leading cremation provider, giving affordability to families.

As part of California law, we place your funds into a secure account in your name until the time when needed. We are pleased to partner with Homesteader's Life Insurance Company to secure these funds.

We invite you to call us anytime to address any questions at (888) 959-9101.

SIMPLICITY CREMATION ADVANCE PLANNING
Post Office Box 1571 Long Beach, California 90801-1571
Phone (888) 959-9101 Fax (888) 959-9105 www.Simplicity247.com

SIMPLICITY CREMATION - VITAL INFORMATION FORM

(REQUIRED FOR NON-MEDICAL PORTION OF A DEATH CERTIFICATE)

PLEASE TYPE OR PRINT CLEARLY

1. YOUR NAME -FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
4. AKA, ALSO KNOWN AS - INCLUDE FULL FIRST, MIDDLE, LAST			5. DATE OF BIRTH		6. SEX
7. BIRTH STATE/ FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CA. REG. DOM. PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					
11. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE <input type="checkbox"/> 0 (DID NOT COMPLETE ONE YEAR) <input type="checkbox"/> (GRADES 1-11) _____ GRADE <input type="checkbox"/> GRADE 12, NO DIPLOMA <input type="checkbox"/> H.S. DIPLOMA/ G.E.D. <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> ASSOCIATE (e.g., AA, AS) <input type="checkbox"/> BACHELOR'S (e.g., BA, AB, BS) <input type="checkbox"/> MASTER'S (e.g., MA, MS, MEng, MEd, MBA) <input type="checkbox"/> DOCTORATE OR PROFESSIONAL (e.g., PhD)					
14. ARE YOU HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			15. YOUR RACE - UP TO 3 RACES MAY BE LISTED		
16. USUAL OCCUPATION FOR MOST OF LIFE DO NOT USED RETIRED OR UNEMPLOYED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc)		18. YEARS IN OCCUPATION	
19. YOUR RESIDENCE (STREET AND NUMBER OR LOCATION)					
20. CITY		21. COUNTY/PROVINCE		22. ZIP CODE	23. YEARS IN COUNTY
24. STATE/FOREIGN COUNTRY		25. YOUR NEXT OF KIN'S NAME		26. YOUR NEXT OF KIN'S RELATIONSHIP	27. NEXT OF KIN'S CONTACT TELEPHONE NUMBER (WITH AREA CODE)
28. NEXT OF KIN'S MAILING ADDRESS (STREET AND NUMBER LOCATION)			29. NEXT OF KIN'S CITY, STATE AND ZIP		
30. NAME OF SURVING SPOUSE/SRDP-FIRST		31. MIDDLE		32. LAST (MAIDEN NAME)	
33. NAME OF YOUR FATHER - FIRST		34. MIDDLE		35. YOUR FATHER'S LAST NAME	36. YOUR FATHER'S BIRTH STATE
37. NAME OF YOUR MOTHER FIRST		38. MIDDLE		39. YOUR MOTHER'S LAST (MAIDEN NAME)	40.YOUR MOTHER'S BIRTH STATE
41. FINAL DISPOSITION OF CREMATED REMAINS (CHECK ONE) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER BY FAMILY <input type="checkbox"/> SEA SCATTER BY SIMPLICITY					

42. **NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMATED REMAINS AT THEIR RESIDENCE, OR CEMETERY NAME AND ADDRESS OR COUNTY OF OCEAN WATER CREMATED REMAINS WILL BE SCATTERS IN:**

SELF SIGNED RELEASE

TO: HOSPITAL, NURSING FACILITY, MEDICAL EXAMINER, CORONER

RE: _____

Please release my remains to the care of SIMPLICITY CREMATION.

SIGNATURE: _____ **DATE:** _____



SELF SIGNED AUTHORIZATION FOR CREMATION

ARRANGEMENTS FOR: _____ **GENDER:** _____

I authorize Simplicity Cremation to cremate my body in accordance with their crematory's rules and regulations and State law regulations.

Mechanical or Radioactive Devices. Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

Weight Limits. Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory cannot cremate anyone in excess of 250 lbs. In the event the Decedent is over 250 lbs, another crematory may be used, and additional charges will apply.

Obligation of Crematory; Limitation on Damages. The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold Simplicity, the Crematory, its affiliated companies and their employees and agents harmless from any and loss, damages, liability or causes of action (including attorneys' fees and cost of litigation in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

The Cremation Process. I acknowledge the following: The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain 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, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.

For more information on Funeral, Cemetery, and Cremation matters contact: State of California Department of Consumer Affairs / Cemetery and Funeral Bureau 1625 North Market Boulevard, Suite S-208, Sacramento, California 92834, (916) 574-7870.

 DATE SIGNATURE SELF OR RELATIONSHIP

 PRINT NAME ADDRESS

 TELEPHONE EMAIL ADDRESS



Our Simple Cremation Plan Includes:

- ✓ Initial transferring the body to Simplicity
- ✓ Care for the body prior to cremation
- ✓ Preparing the death certificate and permits
- ✓ Coordinating with the local medical examiner/coroner
- ✓ Administrative assistance for communications with the responsible parties
- ✓ A cremation container made of approved materials, in which the body is placed for cremation.
- ✓ The cremation process itself in a Simplicity crematory
- ✓ Provision for pickup of the cremated remains by an authorized person at our affiliate arrangement locations
- ✓ Cremation will take place within ten (10) days of receiving a California or local Disposition Permit
- ✓ California cremation permit
- ✓ California cremation regulatory fee

(Standard Cremation is based on deceased being under 250 pounds and having NO battery operated devices implanted)

SIMPLICITY SOUTHERN CALIFORNIA CREMATION PLAN \$ 880.00

Includes our Simple Cremation Plan In Los Angeles, Orange, Riverside, San Diego, and San Bernardino Counties
Basic Wood Urn or Scattering Cremated Remains in Pacific Ocean.

SIMPLICITY CALIFORNIA CREMATION PLAN \$ 1280.00

Includes our Simple Cremation Plan Statewide, Basic Wood Urn or Scattering Cremated
Remains in Pacific Ocean.

CREDIT CARD

Type of Card: VISA Mastercard American Express Discover

Name of Cardholder (please print): _____ Telephone # _____

Card Number: _____ Expiration Date: _____

3 Digit ID # on Reverse of Card: _____ 4 Digit ID # on Front of American Express: _____

Credit Card Billing Address: _____

Signature of Purchaser / Cardholder: _____ Date: _____

Fax Back To Us At: (888) 959-9105

CHECK

Mail your check or money order for the total amount selected along with this paperwork to us at:

**Simplicity Cremation
Advance Planning-Southern California
Post Office Box 1571
Long Beach, California 90801-1571**

As part of California law, funds that we receive as part of your advance planning are placed within a funeral insurance policy in your name. The interest from this policy is how we are able to guarantee our prices in the future. If you should move from our area, your policy is fully transferable to another provider.

Once we receive these forms and payment from you, you will be mailed the funeral insurance paperwork for your signature along with an Emergency ID card. Please call us with any questions you have at (888) 959-9101.