

CERTIFICATE OF DEATH

DECEDENT'S PERSONAL DATA	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		
	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/ccyy	
	13. EDUCATION --- Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO			16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)			8. HOUR (24 Hours)	
	17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)				19. YEARS IN OCCUPATION		
USUAL RESIDENCE	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	
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)					
	31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE			
	35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE			
PLACE OF DEATH	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION							
	41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY BURIAL IN CALIFORNIA BURIAL OUTSIDE OF CALIFORNIA CREMATION IN CALIFORNIA CREMATION OUTSIDE OF CALIFORNIA SCATTERING AT SEA RETAIN AT RESIDENCE IN CALIFORNIA RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY TRANSIT TO OUTSIDE OF CALIFORNIA SCIENTIFIC USE								EMBALMING REQUESTED YES NO	
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)					106. CITY		
									108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER	

Decedent's City of Birth _____ Number of Certified Death Certificates requested _____

Informant's Information

Informant's Phone Number _____ Alternate number _____

Email address _____ Date of Birth _____

Social Security Number _____ Place of Birth _____

Decedent's Spouse Information

Decedent's Spouse Living ____ Deceased ____ Name _____

Social Security Number _____ Date of Birth _____

Place of Birth _____ Date of Death _____

Date of Marriage _____ Place of Marriage _____

By my signature below, I declare that all information above is true and correct. I accept responsibility for any information provided incorrectly. I authorize Midgley – Gardenside Mortuary to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

X _____ Date of signature _____



Release Authorization

Pursuant to your rules and regulations, I authorize the release of the Remains of:

to Catalina Island Mortuary. I am the nearest next of kin to the decedent, and declare by my signature below that I have full right to authorize this release. I agree to hold harmless all parties involved in affecting this release, i.e., Gardenside Funeral Service, Inc., Catalina Island Mortuary, its agents, employees and representatives, the care facility, its agents, employees and representatives, and all other parties, of any and all liability.

This release also authorizes the release of any personal belongings of the decedent to Catalina Island Mortuary.

X

Signature of Next of Kin/Representative

Printed Name of Next of Kin/Representative

Address

City State Zip

Phone Number

Email address, if available

Date of Signature

Relationship to Decedent

Witness/Funeral Home Representative

Date of Signature

5

Please read and answer all questions before signing

Was the decedent legally married at the time of death? ☐ Yes ☐ No
 Does the decedent have any living adult children? ☐ Yes ☐ No
 Does the decedent have any living minor children? ☐ Yes ☐ No
 Does the decedent have any living parents? ☐ Yes ☐ No

Case No.
Case Name

Favor de leer y contestar todas las preguntas antes de firmar

El difunto ha sido casado legalmente? ☐ SI ☐ NO
 El difunto tiene hijos menores de 18 años vivientes? ☐ SI ☐ NO
 El difunto tiene hijos menores de edad vivientes? ☐ SI ☐ NO
 El difunto tiene padres vivientes? ☐ SI ☐ NO

HEALTH AND SAFETY CODE • § 7100 • CUSTODY AND DUTY OF INTERMENT

"WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document. (Health and Safety Code Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency. (Penal Code Section 115 and 470)"

The right to control the disposition of the remains of a deceased person unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named: (1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code; (2) The competent surviving spouse; (3) The sole surviving competent adult child of the decedent or, if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children. (4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent. (5) The sole surviving competent adult sibling of the decedent or, if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings. (6) The surviving competent adult person or persons respectively in the next degrees of kinship; (7) A conservator of the person or estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets. (8) The public administrator when the deceased has sufficient assets.

Therefore, please release the body upon completion of your death investigation of said deceased to:

NAME OF MORTUARY

NAME OF NEXT-OF-KIN

(PLEASE PRINT LEGIBLY)

RELATIONSHIP

NEXT-OF-KIN'S SIGNATURE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

DATE SIGNED

IF THE LEGAL NEXT-OF-KIN HANDLING, PLEASE ENTER NEXT-OF-KIN INFORMATION BELOW AND EXPLAIN WHY THEY ARE HANDLING. ATTACH SUPPORTING AUTHORIZATION DOCUMENTS, E.G. WILLS, POWER OF ATTORNEY, FAXES, ETC.

NAME

RELATIONSHIP

ADDRESS / CITY / STATE / ZIP CODE

TELEPHONE NUMBER

CÓDIGO SALUD Y SEGURIDAD • § 7100 • CUSTODIA Y OBLIGACIÓN DE ENTERRO

"AVISO: La persona que firma esta documento será responsable de su contenido y responderá por cualquier daño(s) producto de cualquier información falsa contenida en el mismo. (Sección 7110 Del Código De Salud y Seguridad) Además, es una ofensa criminal proveer información falsa a propósito a una entidad del gobierno. Código Penal Sección 115 y 470"

El derecho a controlar la disposición de los restos de una persona fallecida, el deber de la disposición y la responsabilidad por el costo razonable de la disposición corresponde a los siguientes en el orden indicado abajo, a menos que otras direcciones hayan sido dadas por el difunto de acuerdo con la Sección 7100.1, y (1) Un agente con un poder notarial para decisiones de la salud, el cual tiene el derecho y el deber de la disposición conforme a la División 4.7 (comenzando con la Sección 4600) del Código de Sucesiones; (2) El cónyuge sobreviviente competente; (3) El único hijo sobreviviente adulto competente del difunto o, si hay más de un hijo adulto competente, el consenso de la mayoría de los hijos adultos sobrevivientes competentes. (4) El padre sobreviviente competente o a los padres del difunto. Si uno de los padres competentes supervivientes está ausente, el padre competente presente se le concederá a los derechos y deberes de esta sección siempre y cuando esfuerzos razonables para localizar al padre ausente no han tenido éxito. (5) El único hermano adulto sobreviviente competente del difunto o, si hay más de un hermano adulto sobreviviente competente del difunto, el consenso de la mayoría de los hermanos adultos sobrevivientes competentes. (6) El sobreviviente adulto competente o personas, en los grados de parentesco próximo. (7) Si el difunto tiene activos suficientes, un tutor del individuo o de la propiedad, designado de acuerdo a la parte 3 (comenzando con la Sección 1800) del 4º Capítulo del Código de Sucesiones. (8) El administrador público cuando el fallecido tiene activos suficientes.

Por lo tanto, tras la finalizar la investigación de la muerte del susodicho individuo, favor de entregar sus restos a:

NOMBRE DE FUNERALIA

NOMBRE DE PARENTESCO (ESCRIBA EN LETRA DE MOLDE)

PARENTESCO

FIRMA DE PARENTESCO

DIRECCION

CIUDAD

ESTADO

ZONA POSTAL

NUMERO DE TELEFONO

FECHA DE FIRMA

SI USTED NO ES EL PARIENTE PRÓXIMO DE ACUERDO A LA LEY, FIRME Y EXPLIQUE PORQUE EL PARIENTE PRÓXIMO NO ESTÁ HACIENDO LOS TRÁMITES EN ESTE ASUNTO. SI ES EL ALBACEA DEL TESTAMENTO, FAVOR DE INCLUIR UNA COPIA DEL MISMO JUNTO A ESTE DOCUMENTO.

PARIENTE PRÓXIMO

PARENTESCO

DIRECCION / CIUDAD / ESTADO / ZONA POSTAL

NUMERO DE TELEFONO

Attending Physician: _____ Phone: _____
 Address: _____ Last Date Attended: _____
 Diagnosis: _____
 Surgery: _____ Date: _____ Hospital: _____

WITNESSED DEATH ☐ Yes ☐ No If no, LAST KNOWN ALIVE Date _____ Time _____
 Date and Time Discovered _____ Where _____
 By Whom _____ Police Agency Investigated ☐ Yes ☐ No
 If yes — Name and Division of Police Agency _____
 REST HOME OR CONVALESCENT HOSPITAL DEATH: Date Admitted _____
 Admitting Diagnosis: _____

TERMINAL EVENT OR HOW DISCOVERED, KNOWN MEDICAL HISTORY, RECENT COMPLAINTS OR ILLNESSES AND ANY PERTINENT INFORMATION

HISTORY OR EVIDENCE OF INJURY: ☐ Yes ☐ No TYPE OF INJURY: _____
 Date and Time of Injury: _____ Address: _____
 City: _____ State: _____
 At work ☐ Yes ☐ No At home ☐ Yes ☐ No If neither, where: _____
 How did injury occur: _____

ALL MEDICAL EVIDENCE LIST BELOW

R _x No.	Date Filled:	Contents:	Amount Prescribed:	Amount Remaining:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THIS FORM COMPLETED BY _____

DECEDENT PERSONALLY IDENTIFIED BY:/IDENTIFICATION HECHA POR:

Signed / Firma _____
 Name (Printed) _____
 Address/ Domicilio _____
 City/ Ciudad _____
 Telephone No./ Telefono _____

Witness/ Testigo _____
 Nombre _____
 (ESCRIBA EN LETRA DE MOLDE)
 Address/ Domicilio _____
 City/ Ciudad _____
 Date Signed/ Fecha Firmada _____

DECLARATION PURSUANT TO
SECTION 27491.3 GOVERNMENT CODE

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

7

(To be executed by each person entitled to the personal property, or any part thereof, of the decedent, under the provisions of Section 27491.3 of the California Government Code)

No.

The undersigned, (name of declarant), declares as follows:

1. I am the successor in interest of decedent, (name of decedent), who died in Los Angeles County, California, on 20
2. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
3. The gross value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars (100,000).
4. The following constitutes a portion of the property in the decedent's estate: See attached property inventory slip No.
5. Decedent died without a will and, under section 6402 of the California Probate Code, I am decedent's sole heir at law and successor of the decedent (as defined in Section 13006 of the California Probate Code) to decedent's interest in the described property. (Modify appropriately if (i) the declarant is decedent's testate beneficiary of the described property or (ii) decedent died without a will, left more than one intestate heir, but declarant has the superior right under Prob. C Section 6402 to inherit the described property).
6. No other person has a right to decedent's interest in the described property.
7. Pursuant to the facts set forth above and Section 13100 et seq. of the California Probate Code, I request that the described property attached be paid (or "transferred" or "delivered" as appropriate) to the declarant.
8. Wherefore, declarant hereby requests the Department of Coroner of Los Angeles County to pay and deliver to declarant said money and/or personal property as described, and, in consideration of the payment of the money and/or delivery of the personal property described within the declaration, receipt of which is hereby acknowledged, the undersigned hereby jointly and severally agree to hold said Department of Coroner harmless against all liability, loss, cost, damage, or expense, to which he may be put or which he may incur by reason of the payment and/or delivery of said money and/or property.

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

DATE:, 20

/s/

(signature of declarant)

(Relationship)

(address)

[Note: If more than one declarant is entitled to succeed to the described property all should join in executing the declaration, and the allegations should be modified to reflect the plural]

DECLARATION PURSUANT TO
SECTION 27491.3 GOVERNMENT CODE

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

7

IF DECLARANT DESIRES ANOTHER PARTY TO RECEIVE PERSONAL EFFECTS AND MONIES FOUND UPON DECEASED, THIS PORTION OF THE FORM MUST ALSO BE COMPLETED, SIGNED AND NOTARIZED.

Declarant requests and directs the Department of Coroner of the County of Los Angeles to release all personal effects to:

Print name _____

Address _____

Who is hereby designated and authorized to receive the same on their behalf and to receipt in his/her own name therefore, and the undersigned hereby jointly and severally agree to hold said Department of Coroner harmless against all liability, loss, cost, damage or expense to which he may be put or which he may incur by reason of the payment and/or delivery of said money and/or personal property.

Declarant sign here _____

STATE OF CALIFORNIA, COUNTY OF _____ (name), whose name is subscribed to the foregoing declaration, personally appeared before me and acknowledged having executed the declaration, and (either "is known to me to be that person" OR "was proved by satisfactory evidence to be that person").

Acknowledged on _____, 20 _____

(signature of notary public)

[NOTARY SEAL]

Disclosure of Preneed Funeral Agreement

The funeral establishment, _____,
(funeral establishment name)
license number FD_____, **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

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 TO ACCEPT OR DECLINE EMBALMING

TO: _____
(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:

(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
Selected

558 Cemetery Road
P.O. Box 122
Avalon, CA 90704-0122
V: (310) 510-1406
F: (310) 933-1740
Email: catalinamortuary1406@outlook.com
Web: www.catalinaislandmortuary.com
FD-2271

Name of Decedent _____ Date of Death _____ Date of Arrangement _____

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 service with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve is you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

Traditional Funeral Service Package

Graveside Service Package

Direct Cremation Package

Immediate Burial

Forwarding Remains

**A. SERVICES, STAFF, FACILITIES, EQUIPMENT
AND MOTOR EQUIPMENT**

Basic Services of the Funeral Director and Staff _____
Embalming or Refrigeration _____
Other Preparations of Remains _____
Transfer of Remains to Mortuary _____
Visitation at any facility _____
Evening or Weekend Service _____
Funeral Service _____
Graveside Service _____
Flower/Utility Vehicle _____
Transportation to/from Avalon _____ @ _____

TOTAL SERVICES SELECTED _____

B. MERCHANDISE

Casket _____
Vault (mainland only) _____
Urn _____
Marker (mainland only) _____
Acknowledgment Cards _____ box(es) @ _____
Memorial Register Book _____ @ _____
Memorial Cards/Folders _____ @ _____
Pallbearer Gloves _____ @ _____
Crucifix _____ @ _____
Air Tray/Combo Unit _____
Zeigler/Wooden Box _____

TOTAL MERCHANDISE SELECTED _____

C. CASH ADVANCES

Death Certificates _____ @ _____ each _____
Permit _____ @ _____ each _____
Clergy Honoraria _____ @ _____ each _____
Air or other Transportation fees _____
Mailing and Postage fees _____
Other Mortuary/Chapel Rental fees _____
Coroner Fees _____
Crematory Fees _____
Los Angeles County death certificate filing fee _____

TOTAL CASH ADVANCES _____

SUMMARY OF CHARGES

A. Total Services Selected _____
B. Total Merchandise Selected _____
C. Total Cash Advances _____
D. Sales Tax, if applicable _____
E. TOTAL CHARGES _____

ITEMS ADDED LATER

TOTAL CHARGES ADDED LATER _____

**ADJUSTED BALANCE
LESS: PAYMENTS AND CREDITS**

TOTAL CREDIT ON ACCOUNT _____

BALANCE DUE ON ACCOUNT _____

If any law, cemetery or crematory regulations have required the purchase of any items listed above, the law or requirement is explained below:

Reason for Embalming: _____
Note: _____

NOTICE REGARDING CREMATED REMAINS: A person having the right to control disposition of cremated Remains may remove the Remains in a 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

For more information on Funeral, Cemetery and Cremation matters, contact: Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834. Phone: (916) 574-7870

By initialing this page, purchaser and mortuary agree that this is page 1 of 3 of this agreement and that both pages constitute a complete Statement of Funeral Goods and Services Selected.

Purchaser * _____ Mortuary Rep _____



Disclosure - Disclaimer

558 Cemetery Road
P.O. Box 122
Avalon, CA 90704-0122
V: (310) 510-1406
F: (310) 933-1740
Email: catalinamortuary1406@outlook.com
Web: www.catalinaislandmortuary.com
FD-2271

The Federal Trade Commission's "Funeral Industry Practice Rule" and the Department of Consumer Affairs, Cemetery and Funeral Bureau of the State of California require certain disclosures and prohibit misrepresentations. This Disclosure – Disclaimer form is a checklist we ask those we serve to read and sign, if, during the funeral arrangements, our firm complied with the following regulations.

Name of Decedent _____ Date of Death _____ Date of Arrangement _____

The undersigned hereby agrees to the following disclosures and disclaimers, as witnessed on page 3 of this document:

- 1 I/We were presented with a General Price List effective _____
prior to discussing prices, services or merchandise.
- 2 I/We were presented with a Casket Price List effective _____
prior to viewing or discussing prices or caskets.
- 3 I/We were presented with an Outer Burial Container Price List effective _____
prior to viewing or discussing prices or outer burial containers.
- 4 I/We were told that embalming is not required by law except in certain conditions.
- 5 I/We were told that no law requires embalming for direct cremations, immediate burials or if refrigeration is available and the funeral is without viewing or visitation.
- 6 I/We were informed that the law does not require a casket for direct cremation.
- 7 I/We were informed that the law does not require the purchase of an outer burial container.
- 8 The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral home would delay the decomposition of the remains for a long time or indefinite time.
- 9 I/We hereby acknowledge that a copy of the Department of Consumer Affairs guide entitled "Consumer Guide to Cemetery and Funeral Purchases" was provided for retention prior to the drafting of this contract.
- 10 I/We understand that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, express or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, extended by the manufacturer of the goods. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose are extended by the funeral home.
- 11 I/We were told that the survivor of the deceased who is handling the funeral arrangements, or the responsible party, is entitled to receive, prior to the drafting of any contract, a copy of any agreement that has been signed and paid for, in full or in part, by or on behalf of the deceased, and that is in the possession of the funeral establishment.
- 12 I/We acknowledge receipt of the Disclosure of Preneed Funeral Arrangement form, the Declaration for Disposition of Cremated Remains (when cremation has been selected) and a complete (3 pages) Statement of Funeral Goods and Services Selected, Disclosure – Disclaimer, and Agreement.
- 13 I/We understand that the person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code (when cremation is selected).
- 14 I/We acknowledge that we were told that 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 (when cremation is selected).

It is further understood that the above acknowledgments will be found on some of the other documents you will sign. This is merely a re-cap of these statements.

Purchaser initials _____

Funeral Home initials _____



Agreement

558 Cemetery Road
P.O. Box 122
Avalon, CA 90704-0122
V: (310) 510-1406
F: (310) 933-1740
Email: catalinamortuary1406@outlook.com
Web: www.catalinaislandmortuary.com
FD-2271

Name of Decedent _____ Date of Death _____ Date of Arrangement _____

The charges shown on page 1, represent a CASH TRANSACTION. You understand that no extension of credit by us, subject to federal or state credit disclosure, installment sales, or other consumer credit statutes, is contemplated by this agreement. You have no right to defer payment of any amount due under this Agreement. You agree that you are personally liable for payment of the applicable balance due shown on the Statement of Funeral Goods and Services Selected no later than 24 hours prior to the first service that takes place. The undersigned agrees to pay the balance due on this account, plus the agreed value of such additional services, materials and cash advances as may be furnished by Catalina Island Mortuary. A late penalty of 1.25% per month (15% per year) will be assessed on the unpaid balance for materials, services and cash advances.

The signatures below hereby agree to, accept and guarantee all charges and arrangements listed on page 1 of this two-page document.

Person(s) making final arrangements and accepting financial responsibility:

Witnessed by:

X _____
Signature of Purchaser

Signature of Funeral Home Representative

Printed Name of Purchaser Relationship

FDR- _____ Date _____

Address

City State Zip Code

Phone Driver's License Number

Date of Signature _____

X _____
Signature of Co-Signer

Printed Name of Co-Signer Relationship

Phone Drivers's License Number

Date of Signature _____

**For more information about funeral, cemetery or crematory matters, contact the
Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 North
Market Blvd., Suite S-208, Sacramento, California 95834 (916) 574-7870**