

Arranger:

Signature of Arranger:

Chris Grant FD920



Contract #:

FUNERAL ARRANGEMENT AGREEMENT AND STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Decedent: _____

Relationship: _____

Date of Death: _____

Contact Info: H (_____) _____ - _____

Purchaser: _____

C (_____) _____ - _____

For Valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned funeral home (hereinafter referred to as "Seller") hereby agree(s) to sell and provide, and the undersigned person or persons (hereinafter, whether one or more, referred to as "Purchaser") hereby agree(s) to purchase, in accordance with the terms and conditions set forth in this agreement, the services and merchandise specifically enumerated in the Statement of Funeral Goods and Services Selected to be used for the funeral of the decedent named above. 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.

Table with 3 columns: Item description, Price, and Total. Includes sections A (Basic Services), B (Use of Equipment), C (Preparation of Remains), D (Insurance), and E (Automotive Equipment).

Table with 3 columns: Item description, Price, and Total. Includes section II (Merchandise Charges) and sub-section A (Merchandise Selected).

By signing this contract, Signer agrees that signature of Purchaser/Funeral Director/Other Source Agent GUARANTEES payment. Unless otherwise approved by McDermott's, a \$500 LATE FEE will be added if, after 3 days from contract signing date, payment is not made IN FULL. If not finalized with 7 days, McDermott's will refer case to Clark County Social Service as an "Abandoned Body." Signer accepts responsibility for total charges and acknowledges: (1) failure to pay in full constitutes fraud, (2) Signer is responsible for total charges, Late Fees, and any legal or administrative costs necessary to procure funds, (3) Signer agrees to pay IN FULL if Insurance Assignment is denied OR paid to Beneficiary directly. Hospice, Veteran, or Previous Family discounts will only be honored if payment is made within 24 hours of contract signing. *NOTHING WILL BE STARTED OR CARRIED OUT UNTIL PAYMENT IS FINALIZED. *

Table with 3 columns: Item description, Price, and Total. Includes section III (Special Charges) with 11 items.

Table with 3 columns: Item description, Price, and Total. Includes section IV (Cash Advanced By Seller) with 6 items.

Table with 3 columns: Description, Amount, and Date. Includes Contract Summary, Total of All Charges, Discount, SUBTOTAL, PAYMENT, PAYMENT TYPE, BALANCE DUE, and Date.

Entities/Agencies That MAY Require a Death Certificate:

- **Banks and/or other Financial Institutions**
 - *To Close or transfer accounts, bonds, safe deposit boxes, etc.*
- **Insurance Companies**
 - *To claim or modify life, auto, mortgage, etc.*
- **Probate Court**
 - *To probate the Will*
- **Title Offices**
 - *To transfer any real estate holdings*
- **DMV**
 - *To transfer any auto titles*
- **Brokerage Firms**
 - *To transfer, liquidate, or redeem any investments or securities*
- **Credit Card Companies**
 - *To close accounts and, if applicable, claim any benefits*
- **Credit Bureaus**
- **Social Security Administration**
 - *To claim benefits*
- **Internal Revenue Service**
 - *To file any remaining returns*
- **Estate and/or Trustee Offices**
 - *To complete settlements*
- **Employer of Deceased**
 - *To claim any benefits or entitlements*
- **Pension Providers**
 - *To claim any benefits*
- **Subscription or Membership Services**
 - *To cancel service(s)*
- **Passport Office**
 - *To return and cancel Passport*
- **US Post Office**
 - *To forward any future mail*
- **Veteran's Administration (If applicable)**
 - *To claim any benefits (May also require a DD-214/Discharge Form)*