

Lake Isabella Valley Mortuary
FD-1972
5108 Lake Isabella Blvd.
Lake Isabella, CA 93240
Ph: 760.379.5829 Fx: 760.379.4855
www.lakeisabellavalleymortuary.net
Rob & Betty Guidry

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

	STATE FILE NUMBER	LOCAL REGISTRATION NUMBER		
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.	IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____		
	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/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	
13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (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)		
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 and zip)	
	SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST	29. MIDDLE	30. LAST (BIRTH NAME)
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE	33. LAST	34. BIRTH STATE
35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION		
	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
PLACE OF DEATH	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	

Notes: Nurse Hospice
 Doctor: _____ Lic: _____ Phone: _____
 Address: _____
 Place of Pick up: _____ DOD _____ TOD _____
 Address _____
 Next of Kin _____ Contact _____ Cell _____
 Preneed: Yes / No Coroner Case: Yes / No

LAKE ISABELLA VALLEY MORTUARY FD 1972

5108 LAKE ISABELLA BLVD

LAKE ISABELLA, CA 93240

(760) 379-5006 Phone (760) 379-4855 Fax

AUTHORIZATION FOR REMOVAL

The undersigned hereby authorizes and requests LAKE ISABELLA VALLEY MORTUARY FD 1972 remove the remains of:

(Decedent)

Place of death _____

Signature _____ Date _____

Relationship _____

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: LAKE ISABELLA VALLEY MORTUARY
(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)

Disclosure of Preneed Funeral Agreement

The funeral establishment, LAKE ISABELLA VALLEY MORTUARY,
(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.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of LAKE ISABELLA VALLEY MORTUARY, will be cremated by
Name of Person arrangements are for
Name of Funeral Establishment and Telephone Number

_____ and shall be disposed of in the following
Name of Crematory and Telephone Number
manner (Note 1): _____
Manner, Location and Other Details of Disposition

Name of person(s) with the legal right to control disposition (Note 2): _____
Attach additional pages if necessary

Signed _____ <small>Person(s) with legal right to control disposition to Self, if pre-arranging</small>	Date _____
Signed _____ <small>Person(s) with legal right to control disposition</small>	Date _____
Signed _____ <small>Person(s) with legal right to control disposition</small>	Date _____
Signed _____ <small>Person(s) with legal right to control disposition</small>	Date _____

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

Signed _____ <small>Person(s) contracting for cremation services</small>	Date _____	
Signed _____ <small>Funeral Director, Employee, or Agent for Funeral Establishment</small>	Lic. # _____ <small>If a Funeral Director</small>	Date _____

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 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

CREMATION AUTHORIZATION AND DISPOSITION

No cremation or interment shall take place until a written authority along with a completed Application and Permit for Disposition of Human Remains signed by the authorized representative(s) of the deceased have been given to the cemetery authority. (Section 10375 and 7100, Health & Safety Code.)

The undersigned requests and authorizes UNION CEMETERY CREMATORY, in accordance with and subject to its rules and regulations and the appropriate sections of the California Health and Safety Code, to cremate and process in a manner suitable for interment the remains of:

I/we represent and warrant to you that I/we am/are the person(s) having the right to control the disposition of remains of the decedent.

I/we have the right because I/we am/are: (Initial one)
 _____ Self

_____ the _____ (state relationship) of decedent

_____ acting as the agent of _____ (state name of next of kin)

_____ Funeral Director/Cemetery Authority

I/we authorize disposition of the cremated remains of: (Initial one)

_____ Interment in a Cemetery Plot or Mausoleum Crypt

_____ Scattering in a dedicated Cemetery

_____ Placement in Columbarium Niche

_____ Releasing to family

_____ Inurnment

_____ Other: _____

I/we expressly give permission for:

- 1) The cremation to take place including incidental or inadvertent commingling of the remains with residue of prior cremations (Section 7054.7 (a) (1) California Health and Safety Code.
- 2) The processing of the cremated remains so they are suitable for inurnment within a cremated remains container (Section 7054.1, California Health and Safety Code)
- 3) I/we hereby acknowledge that I/we are responsible for the removal of any jewelry or mementos from the decedent prior to cremation.
- 4) I/we authorize the Funeral Home to removed any eyeglasses from the cremation container and return them to Me.
- 5) I/we understand that any jewelry or mementos of the deceased may be destroyed during the cremation process and may not be recoverable. Any material which is recovered shall be returned to the cremation container. (Section 7051, Health & Safety Code)
- 6) The Crematory shall accept only those human remains which are in a cremation container, as defined, which is labeled with the identity of the decedent. (Section 8395.5, Health & Safety Code).
- 7) The Crematory will accept for cremation only those caskets or containers which meet the definition of a cremation container (see reverse side) as defined in Section 7006.5, Health & Safety Code.
- 8) In the event of their being more cremated remains than the container provided, or the urn which I/we have chosen, will hold, I/we direct UNION CEMETERY to place the balance of the cremated remains in a secondary container and have it attached to the primary container in accordance with Section 8345, Health & Safety Code.
- 9) The Crematory will store the body of the deceased at a temperature no greater than 50°F unless the cremation process will begin within 24 hours of the time that the human remains were received by the Crematory (Section 8346, Health & Safety Code).
- 10) The Crematory will not cremate any human remains which contain any type of implanted pacemaker, mechanical, radioactive or silicon device. In the event the remains of the Deceased contain such a device. I/we hereby authorize the Funeral Home, its agents and employees, to removed any such mechanical devices from the remains of the deceased prior to the cremation, and dispose of such items in any lawful manner it deems appropriate.

Listed below are all implanted mechanical, radioactive or silicon devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose as indicated

Description of Implanted Device	Disposition

I/we further acknowledge that "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 crematory 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." (Section 7054.7 of the California Health and Safety Code).

I/we warrant that all statements and representations are true and correct and that I/we have read and understand the provisions contained in this document. This is your authority to make disposition of the remains as above indicated, and I/we assume full responsibility for their identity whether or not I/we viewed the remains. In the event such remains have not been permanently interred or picked up by me or my agent designated for said purpose within one (1) year of the cremation date, UNION CEMETERY is authorized to inter or cause them to be interred in the cemetery. I/we hereby agree to indemnify, release and hold the Crematory, Cemetery Authority, Funeral Home, their affiliates, agents, employees, and assigns harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased.

For more information on cemetery and cremation matters, contact: Dept. of Consumer Affairs, Cemetery & Funeral Bureau. 1625 North Market Blvd. Sacramento, Ca. 95834, (916) 574-7870

Date

Signature

FUNERAL DIRECTOR

Address

Phone

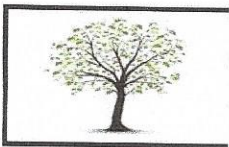
City and State

Zip

I.D. NUMBER

Relationship to Deceased

SEE OTHER SIDE FOR EXPLANATION OF TERMINOLOGY



LAKE ISABELLA VALLEY MORTUARY FD 1972
 5108 LAKE ISABELLA BOULEVARD
 LAKE ISABELLA, CA 93240
 (760) 379-5006 Phone (760) 379-4855 Fax

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS,
 CONTACT: THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL
 BUREAU, 1625 N. MARKET BOULEVARD, SUITE S-208, SACRAMENTO, CA 95834,
 (916) 574-7870.

DECEASED _____
 DATE OF DEATH _____
 PLACE OF DEATH _____
 DATE OF STATEMENT _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff
 Embalming

2. Facilities, Equipment & Staff:

3. Transportation:

Transfer of Remains to Funeral Home

4. Other Services/ Facilities/ Equipment:

TOTAL OF SERVICES SELECTED \$ _____

B. CHARGE FOR MERCHANDISE SELECTED

Casket
 Name/ No.
 Material
 Color
 Outer Burial Container
 Name/ No.
 Material

TOTAL OF MERCHANDISE SELECTED \$ _____

C. SPECIAL CHARGES

Direct Cremation

TOTAL OF SPECIAL CHARGES \$ _____

TOTAL FUNERAL HOME CHARGES \$ _____
 (This total does not include cash advances)

STATEMENT OF FUNERAL GOODS AND SERVICES

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 if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate	@ 21	each	\$
County Disposition Permit	@ 12	each	\$
California State Cremation Fee			-
			-
			-
			-
TOTAL CASH ADVANCES \$			_____

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

SUMMARY

Total Funeral Home Charges	\$
Local Sales Tax (if applicable)	\$
State Sales Tax (if applicable)	\$
Total Cash Advances	\$

GRAND TOTAL \$

Less Credits and Payments	\$
	\$
	\$
	\$
Total Credits	\$

BALANCE DUE → \$ _____

Billing To _____

DISCLOSURES

Reason for embalming Not Requested

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

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: _____

Full payment is due no later than _____

If any payment is not paid when due, an unanticipated LATE CHARGE of _____ % per month (ANNUAL PERCENTAGE RATE _____ %) 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.

X

Signature

Date

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

By _____