

10703 North State Road 3  
Muncie, Indiana 47303  
(765) 289-0656

# GARDENS of MEMORY

CEMETERY AND MAUSOLEUM

## FINAL DISPOSITION AUTHORIZATION

Date 5-23-05

No. \_\_\_\_\_

This authorization is for the final arrangements and disposition of a loved one. It should be arranged and prepared by a sincere member of the family or representative who is responsible for these final arrangements.

TO CARRIAGE CEMETERY SERVICES, INC. DBA GARDENS OF MEMORY, Muncie, Indiana: You are hereby authorized and instructed, subject to your Rules and Regulations, to make final disposition of the remains of

INA - M Henderson 91  
(Please Print) First Middle Last Age

BURIAL INFORMATION		
CEMETERY	MAUS/NICHE	
Garden <u>Hycing</u>	Section _____	
Estate No. <u>765</u>	Level _____	
Space No. <u>14</u>	Crypt No. _____	
Day/Date of Funeral <u>Tue 15-24-05</u>	_____	
Time of Funeral <u>2:00 pm</u>	_____	
Funeral Director <u>G.V.</u>	_____	
City _____	_____	
Place of Funeral: Mortuary <input type="checkbox"/>	_____	
Church <input type="checkbox"/>	_____	
Other _____	_____	
Music	YES	NO
Veteran	YES	NO
Military SVC	YES	NO
Next Work Day Burial	YES	NO
Chapel if Rain	YES	NO
Other Information	_____	
<u>witness - NO</u>	_____	

EXPENSE INFORMATION	
1. Outer Burial Container Type <u>GONTS</u> Size _____	* <u>650.00</u> <u>n/c</u>
2. Outer Burial Container Set/Seal	<u>175.00</u> <u>n/c</u>
3. Opening of grave, removal of earth, packing, resodding grave, handling of flowers (see TIME OF PERFORMANCE on reverse side)	<u>650.00</u> <u>n/c</u>
4. Service location: Chapel # <input checked="" type="checkbox"/> Tent _____	<u>80.00</u> <u>n/c</u>
5. Full Chapel service with 1 hour calling	_____
6. Babyland service (space, vault, opening/closing, chapel svc)	_____
7. Mausoleum entombment (open/close crypt, handling of flowers)	_____
8. Mausoleum lettering fee (First, Middle, Last Name Only) * Name _____	_____
9. Cremation scattering, inurnment or burial	_____
10. Bronze date scroll Type: _____ * D.O.B. <u>1913</u> D.O.D. <u>2005</u>	<u>n/c.</u>
11. Courtesy memorial (30 to 60 days) Name(15 ltrs. max.) _____	_____
12. Overtime _____	_____
13. Administration/Recording Fee	_____
14. Other _____	_____
15. Other _____	_____
16. Sales Tax (* Items)	_____
<b>TOTAL CHARGES</b>	\$ <u>1700.00</u>

**AUTHORIZATION FOR DISPOSITION/TERMS OF PAYMENT**

I hereby certify that I am the (relation) brother of the above named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I hereby certify and represent that I have the right to make this authorization, and agree to hold Gardens of Memory harmless from any liability on account of said authorization and interment, entombment or inurnment.

I have had the above charges fully explained to me and I understand **this is a cash transaction**. I agree to pay and guarantee payment of all charges on this statement, plus returned check fees. If in default, I agree to pay reasonable attorney fees, court costs and collection fees. This liability is being personally assumed by me and is in addition to liability imposed by law upon the estate, and does not constitute a release of liability. I further authorize Gardens of Memory to release the above information to any agency they deem appropriate to receive any funds allowable to offset the above charges. I understand that no further burials on this estate nor the marking of this grave may take place until the charges are paid in full.

Walter C. Robbins  
Relative / Representative's Printed Name

Relative / Representative's Printed Name

Walter C. Robbins 765-759-9331  
Relative / Representative's Signature Telephone

Relative / Representative's Signature Telephone

8400 W CR 400 S  
Address

Address

YORKTOWN IN 47396  
City State Zip Code

City State Zip Code

As owner of the above burial right, I hereby give permission for the final disposition and memorialization of the above named decedent on that burial right. Walter C. Robbins

REFERENCE IS MADE TO FURTHER CONSIDERATION ON THE REVERSE SIDE OF THIS AGREEMENT AND BECOMES A PART OF THIS AGREEMENT.

Dear Friend,

I have done my best to assist you and your family during a difficult period in your life. Occasionally questions arise after you have left our office. If at any time before, during or after your memorial service I can answer questions or be of assistance, please feel free to contact me or any of our family service counselors.

**765-289-0656**  
Office telephone

Rody Fugallo  
Family Service Counselor

Residence Telephone

# STATEMENT OF IDENTIFICATION AND AUTHORIZATION FOR DISPOSITION

I/We, the undersigned, represent and warrant to and agree with Garden View Funeral Home (the "Funeral Home") as follows: (Name of Funeral Home)

① I/We have positively identified the human remains that were delivered to the Funeral Home as the remains of: Ina Marie Henderson (the "Deceased").  
(Full Legal Name of Deceased)

② I/We have the full legal right and authority, without the joinder of any person, to control and authorize the disposition of the human remains of the Deceased.

③ I/We have requested and authorized the Funeral Home to arrange the disposition of the human remains of the Deceased in the following manner:

Grave Burial       Entombment       Cremation       Other \_\_\_\_\_

④ I/We have requested and authorized the manner of disposition indicated above with full knowledge that the Funeral Home, its affiliates, officers, employees, agents, subcontractors, and assignees, will rely solely upon my/our identification of the human remains that were delivered to the Funeral Home as the body of the Deceased.

⑤ I/We acknowledge that I/We were given the opportunity to view the Deceased either in person or by means of a photograph for purposes of identification.

⑥ PLEASE INITIAL ONE OF THE FOLLOWING TWO PARAGRAPHS:

X \_\_\_\_\_ I/We elect to identify the human remains of the Deceased in person at the funeral home.

\_\_\_\_\_ I/We give permission to the Funeral Home to photograph the human remains of the Deceased for the purpose of identification.

⑦ I/WE ASSUME FULL RESPONSIBILITY AND LIABILITY FOR MISTAKEN IDENTITY OR INCORRECT IDENTIFICATION OF THE HUMAN REMAINS THAT WERE DELIVERED TO THE FUNERAL HOME AND I/WE AGREE TO INDEMNIFY, RELEASE AND HOLD THE FUNERAL HOME, ITS AFFILIATES, OFFICERS, EMPLOYEES, AGENTS, SUBCONTRACTORS, AND ASSIGNEES HARMLESS FROM ANY AND ALL CLAIMS, LOSSES, DAMAGES, LIABILITIES, OR CAUSES OF ACTION (INCLUDING ATTORNEY'S FEES AND EXPENSES OF LITIGATION) ARISING AS A RESULT, BASED UPON, OR CONNECTED WITH THE DISPOSITION OF THE HUMAN REMAINS OF THE DECEASED AS INDICATED HEREIN, INCLUDING, WITHOUT LIMITATION, MY/OUR FAILURE TO CORRECTLY IDENTIFY THE HUMAN REMAINS THAT WERE DELIVERED TO THE FUNERAL HOME.

Executed at Garden View Funeral Home, this 23 day of May, 2005.

Name: Walter Robins Signature: Walter E. Robins

Relationship to Decedent: Brother Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Funeral Home Representative: Neal Reiff

WHITE: File

CANARY: Family

**Garden View Funeral Home**

10501 North State Road 3

Muncie, IN 47303

(765) 284-1920

F.H. Lic. No.: FH19400001

**ACKNOWLEDGMENT OF DISCLOSURES/DISCLAIMER**

Name of the Deceased: Ina Marie Henderson

Date of Death: May 21, 2005 Date of Funeral and/or Final Disposition of Body: May 25, 2005

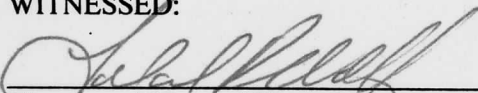
The Federal Trade Commission Trade Regulation Rule for "Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. This Acknowledgment of Disclosures/Disclaimer form is a checklist we ask those we serve to read and sign during the arrangements for the funeral of (the "Deceased").

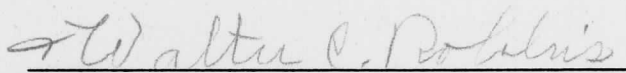
*I/We who made the arrangements for the funeral and final disposition of the remains of the Deceased, do hereby attest to the following:*

1. I/We were given for retention a General Price List effective on May 23, 2005 prior to discussing prices, services or merchandise.
2. I/We were presented a Casket Price List effective on May 23, 2005 prior to discussing prices or caskets.
3. I/We were presented an Outer Burial Container Price List effective on May 23, 2005 prior to discussing prices or outer burial containers.
4. I/We were not told that embalming is required by state law (except for certain special cases) and were told that the law does not require embalming except in certain special cases. If embalming was provided, it was done with my/our approval.
5. I/We were not told that any law requires embalming for direct cremations, immediate burial, or if refrigeration is available, and the funeral is without viewing, and with a closed casket.
6. I/We were told that an alternative container may be used for direct cremation and that a casket is not required for direct cremation.
7. I/We were told that state law does not require the purchase of an outer burial container or any of the funeral goods or services I/we selected except as set forth on the Statement of Funeral Goods and Services Selected.
8. I/We acknowledge that no claims were made to me/us as to the merchandise or other offerings of this funeral firm (embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from this funeral firm would delay the decomposition of the remains for a long term or indefinite time, or that any such merchandise would protect the body from gravesite substance if such was not the case. No representations or warranties were made to us about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties, if any, extended by the manufacturers of such goods. No other warranties were extended to us.
9. I/We were not told that the amount of each of the cash advance items was the cost to funeral firm except where such was the case. I/We were told that the funeral firm's cost may be different based on volume or cash discounts or other professional/trade customs where permitted by state or local law.

Signed this 23 day of May 2005

WITNESSED:

  
Signature of Funeral Home Representative

  
Signature of Funeral Buyer

Brother  
Relationship to Deceased

# Garden View Funeral Home

10501 North State Road 3

Muncie, IN 47303

(765) 284-1920 Fax: (765) 284-1973

Contract Number: 1017  
 Date of Death: 5/21/2005  
 Date of Service: 05/24/2005

Full Name of Deceased: Ina M. Henderson  
 Cemetery/Crematory: Gardens of Memory

## 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 below in writing.

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 direct cremation or immediate burial. If we charged for embalming, we will explain why below.

Service	Service & Merchandise	Charge
<b>Professional Services</b>		
Basic Services of Funeral Director and Staff (non-declinable) #1		\$ 995.00
Embalming Fees:		\$ 595.00
Other Preparation or Care		\$ 195.00
N/A		\$
<b>Facilities, Equipment, and Staff:</b>		
Use of facilities, equipment, and staff for Viewing, Visitation, or Wake		\$ 395.00
Use of facilities, equipment, and staff for Funeral Service:		\$ 595.00
Use of Staff and/or Equipment for Service in Church or other location or facility:		\$ 0.00
Other use of Funeral Home facilities and/or Staff (describe:)		\$ 0.00
N/A		\$
Holiday/Weekend Surcharge:		\$ 0.00
<b>Automotive Equipment (25 Mile Radius)</b>		
Transfer to Funeral Home		\$ 195.00
Hearse (Funeral Coach)		\$ 75.00
Family Vehicle(s):		\$ 0.00
Flower / Other Vehicle:		\$ 0.00
N/A		\$ 0.00
Transportation		\$ 0.00
<b>Special Charges:</b>		
Cemetery Service by Funeral Home		\$ 0.00
Other:		\$ 0.00
<input type="checkbox"/> Forwarding Remains <input type="checkbox"/> Receiving Remains		\$
To / From: <u>N/A</u>		\$ 0.00
N/A		\$ 0.00

Item	Cash Advance Items	Charge
<input type="checkbox"/> Interment Fee		\$ 0.00
<input type="checkbox"/> Cemetery Equipment		\$ 0.00
<input type="checkbox"/> Crematory Charges		\$ 0.00
<input type="checkbox"/> Final Date Charge		\$ 0.00
<input type="checkbox"/> Clergy Honorarium		\$ 75.00
<input type="checkbox"/> Musician Honorarium		\$ 0.00
<input type="checkbox"/> Soloist Honorarium		\$ 0.00
Obituaries:		
<input type="checkbox"/> 2 items		\$ 220.00
<input type="checkbox"/> N/A		\$ 0.00
Certified Death Certificates:		
<input type="checkbox"/> 5 @ \$ 5.00		\$ 25.00
<input type="checkbox"/> 0 @ \$ 0.00		\$ 0.00
<input type="checkbox"/> Permit		\$ 0.00
<input type="checkbox"/> Hairstyling / Barber Charges		\$ 50.00
<input type="checkbox"/> Florist Charges		\$ 0.00
<input type="checkbox"/> Transportation (name the carrier:)		\$ 0.00
N/A		\$ 0.00
<input type="checkbox"/> Escorts		\$ 0.00
Other:		\$ 0.00
<input type="checkbox"/> N/A		\$ 0.00
<input type="checkbox"/> N/A		\$ 0.00
<b>TOTAL OF CASH ADVANCES:</b>		<b>\$ 370.00</b>
We charge for services in obtaining those items marked with an X. Any estimated charges will be indicated with an E.		

Item	Other Charges & Credits	Charge
Taxable Amount		\$ 3,800.00
6.000% State		\$ 228.00
		\$ 0.00
		\$ 0.00
<b>Total Tax:</b>		<b>\$ 228.00</b>
N/A		\$ 0.00
N/A		\$ 0.00
<b>TOTAL OF OTHER CHARGES &amp; CREDITS:</b>		<b>\$ 228.00</b>

TOTAL OF SERVICES: ① \$ 3,045.00

**Merchandise**

**Charge**

Casket Batesille Syndey Blue \$ 3,500.00  
 O.B.C. N/A \$ 0.00  
 Urn N/A \$ 0.00  
 Clothing \_\_\_\_\_ \$ 95.00  
 Flowers (from Funeral Home) \$ 100.00  
 N/A \_\_\_\_\_ \$ 0.00  
 Temporary Grave Marker \_\_\_\_\_ \$ 0.00  
 Memorial Package - Simplicity Pkg. \_\_\_\_\_ \$ 105.00  
 Memorial Register Book \_\_\_\_\_ \$ 0.00  
 Acknowledgement Cards \_\_\_\_\_ \$ 0.00  
 Memorial Folders/Prayer Cards \_\_\_\_\_ \$ 0.00  
 Other Merchandise: \_\_\_\_\_  
 N/A \_\_\_\_\_ \$ 0.00

TOTAL OF MERCHANDISE: ② \$ 3,800.00

TOTAL OF SERV. & MERCH. (1 + 2): ③ \$ 6,845.00

**Identification and Description of Mandatory Items and Explanation of Embalming Charge:**

Reasons for Embalming:

Expressly Approved  Funeral with Public Viewing

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

Outer burial container required by cemetery  
 Other (describe): N/A

We agree to render the services and furnish the merchandise indicated above.

ACCEPTED FOR SELLER: Lyndal Ray Wolf  
 License Number: FD20200090

SIGNED \_\_\_\_\_  
 By: (Signature of Licensed Funeral Director)

Deceased File White Copy    Numeric Sequence Yellow Copy    Accounting File Pink Copy    Buyer Gold Copy

**Method**

**Method of Payment**

**Payment**

TOTAL CHARGES & CREDITS (A + B + C): \$ 7,443.00

Payment: \$ 0.00  
 Prearrangement: \$ 0.00  
 Prearrangement: \$ 0.00  
 Cash Discount \$ 0.00

**PAID**

UNPAID BALANCE (Due by 05/24/2005) \$ 7,443.00

Insurance Assignments or Other Pending Credits:  
 (\$ 1,367.00) Western Southern Ad 1424.29 6/14  
 (\$ 3,095.00) Prudential Insurance Ad 3095.00  
 (\$ 2,981.00) General Motor

I agree that any monies assigned above shall be paid to you within 60 days of the date of this contract. Upon your giving me at least five (5) days prior written notice that any monies due under the assignment(s) described above have not yet been paid to you as promised, you can require that any such unpaid amount(s) be paid by me at once.  
 PAYMENT TERMS: I understand that no extension of credit subject to federal and state credit disclosure installment sales, or other consumer credit statutes is contemplated by this Contract. I have no right to defer payment of any amount due under this Contract. I agree that I am personally liable for payment of the applicable balance due shown above by the date indicated below. Such payment will be made by me to you at the address set forth in the Contract. In addition, a late charge at the rate of eighteen percent (18%) per annum (or, if less the highest rate permitted under applicable law) will be charged and due on the unpaid balance from the date of this Contract through the date paid. You can avoid payment of this late charge if you pay the entire balance, in full, within (60) days after the date shown here. This is a CASH TRANSACTION, due in full on or before 05/24/2005.

NOTICE:

To Buyer/Co-Buyer: See other side of this contract for Additional Terms, including disclaimer of warranties and limitation of remedies that are part of this contract and are incorporated herein by reference. Do not sign the contract before you read it or if it contains any blank spaces. You acknowledge receipt of an exact copy of this contract. Keep this contract to protect your legal rights.

Buyer Name: Walter Robbins

Address: 8400 W. County Road 400 E

City: Yorktown State: IN ZIP: 47396 Date: \_\_\_\_\_

Phone: (765) 759-9331 Relationship: Brother

SIGNED (Signature of Buyer)  
 (Signature of Buyer)

Co-Buyer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
 (Signature of Co-Buyer)

# Contract Summary Sheet

Date of Death: \_\_\_\_\_ Full Name of Deceased: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Cemetery/Crematory: \_\_\_\_\_

## Service & Merchandise

Service Charge

### Professional Services:

Basic Service of Funeral Director and Staff (non-declinable) \$ 995.00  
 Embalming Fees \$ 395.00  
 Other Preparation or Care: \$ 195.00

### Facilities, Equipment and Staff:

Use of facilities, equipment, and staff for Viewing, Visitation, or Wake: \$ 395.00  
 Use of facilities, equipment, and staff for Funeral Service: \$ 595.00  
 Use of Staff and/or Equipment for Service in Church or Other location or facility: \$ \_\_\_\_\_  
 Other use of Funeral Home facilities and/or Staff (describe): \_\_\_\_\_ \$ \_\_\_\_\_  
 Holiday/Weekend Surcharge: \$ \_\_\_\_\_

### Automotive Equipment ( Mile Radius):

Transfer to Funeral Home: \$ 195.00  
 Hearse (Funeral Coach): \$ 75.00  
 Family Vehicle(s): \$ \_\_\_\_\_  
 Flower / Other Vehicle: \$ \_\_\_\_\_  
 Transportation \_\_\_\_\_ Miles @ \$ \_\_\_\_\_ /Mile \$ \_\_\_\_\_

### Special Charges:

Cemetery Service by Funeral Home \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 Forwarding Remains  Receiving Remains  
 To / From: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## Merchandise

Charge

Casket Number Sydney Blue \$ 3500.00  
 Outer Burial Container Num. \_\_\_\_\_ \$ \_\_\_\_\_  
 Urn \_\_\_\_\_ \$ \_\_\_\_\_  
 Clothing \_\_\_\_\_ \$ 95.00  
 Flowers (from Funeral Home) \$ 100.00  
 Memorial Monument (see Order # \_\_\_\_\_) \$ \_\_\_\_\_  
 Temporary Grave Marker \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Memorial Register Book \_\_\_\_\_ \$ 105.00  
 Acknowledgement Cards \_\_\_\_\_ \$ \_\_\_\_\_  
 Memorial Folders/Prayer Cards \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Merchandise: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## Cash Advance Items

Item Charge

Interment Fee \$ \_\_\_\_\_  
 Cemetery Equipment \$ \_\_\_\_\_  
 Crematory Charges \$ \_\_\_\_\_  
 Final Date Charge \$ \_\_\_\_\_  
 Clergy Honorarium \$ 75.00  
 Musician Honorarium \$ \_\_\_\_\_  
 Soloist Honorarium \$ \_\_\_\_\_  
 Obituaries: STAR PRESS \$ 110.00  
ANDERSON \$ 110.00  
 Certified Death Certificates: 5 @ \$ \_\_\_\_\_ \$ 25.00  
 \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Permit \$ \_\_\_\_\_  
 Hairstyling/Barber Charges \$ 50.00  
 Florist Charges \$ \_\_\_\_\_  
 Transportation (name the carrier): \_\_\_\_\_ \$ \_\_\_\_\_  
 Escorts \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

We charge for our services in obtaining those items marked with an "X". Any estimated charges will be indicated with an "E".

## Other Charges & Credits

Item Charge

Taxable Amount: \$ 3800.00  
6% State Sales Tax: \$ 228.00 Total Sales Tax: \$ 4028.00  
3% Local Sales Tax: \$ \_\_\_\_\_  
 % Other Sales Tax: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ (\$ \_\_\_\_\_)  
 \_\_\_\_\_ \$ 7443.00

## Method of Payment

Method Payment

Cash, Credit Card, Check # \_\_\_\_\_ (\$ \_\_\_\_\_)  
 Prearrangement: TOTAL \$ 7443.00  
 Name: \_\_\_\_\_ (\$ \_\_\_\_\_)

### Insurance Assignments or Other Pending Credits:

(\$ \_\_\_\_\_) \_\_\_\_\_  
 (\$ \_\_\_\_\_) \_\_\_\_\_  
 (\$ \_\_\_\_\_) \_\_\_\_\_

Buyer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Embalming:  Expressly approved  Funeral with Public Viewing  
 Other:  Outer burial container required by cemetery  
 Other (describe): \_\_\_\_\_