

# **Receipts from Meeks Mortuary and Gardens of Memory Cemetery**

**Norma L. Robbins**

Dec 2004

Acc001424 – Doc0416.pdf

## **Meeks Mortuary:**

Statement, 11 Dec 2004

Statement of Funeral Goods and Services Selected

## **Gardens of Memory Cemetery:**

Final Disposition Authorization

Family Review Worksheet

Cash Register Receipts

**Statement of Services & Merchandise for  
Norma L. Robbins**

**Statement Date**  
12/11/2004

Mr. Walter Robbins  
8400 W. Co. Rd. 400 So.  
Yorktown, IN 47396

**PAID**

**Interest charges will begin 60  
days from the Statement Date.**

**Due Date**  
2/9/2005

**Services & Merchandise Selected**

**Amount**

Services Selected	2,995.00
Casket Selected	3,185.00T
Remembrance Package	125.00T
Certified Death Certificates	25.00
Clergy	75.00
Organist	35.00
Beautician	35.00
Flowers (Taxable)	150.00T
Obituaries in Newspapers	140.00

Note: Amounts followed by "T"  
are subject to Indiana Sales Tax.

<b>Subtotal</b>	<b>\$6,765.00</b>
<b>Sales Tax (6.0%)</b>	<b>\$207.60</b>
<b>Total</b>	<b>\$6,972.60</b>
<b>Payments/Credits</b>	<b>\$-6,972.60</b>
<b>Balance Due</b>	<b>\$0.00</b>

415 E. Washington Street

The Meeks Mortuary

Muncie, Indiana 47305

Telephone: 288-6669

## 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 in writing below. If you selected a funeral which requires embalming, such as a funeral with a viewing, you may have to pay for embalming. You do not have to pay for embalming that you do not approve, if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below:

FOR FUNERAL OF

Norma L. RobbinsDATE 12-12-04

## PROFESSIONAL SERVICES

Basic services of funeral director and staff.....\$  
 Embalming.....\$  
 Other preparation of the deceased.....\$  
 Subtotal: Professional Services.....\$

## FACILITIES

Use of facilities and staff for viewing.....\$  
 Use of facilities and staff for funeral ceremony.....\$  
 Use of equipment and staff for off-premise ceremony.....\$  
 Use of facilities and staff for memorial service.....\$  
 Use of equipment and staff for graveside service.....\$  
 Subtotal: Facilities.....\$

## TRANSPORTATION

Transfer of remains to funeral home.....\$  
 Use of hearse.....\$  
 Use of limousine.....\$  
 Use of family sedan.....\$  
 Use of flower car.....\$  
 Subtotal: Transportation.....\$

## PACKAGED SERVICE SELECTIONS

Arrangement.....\$  
 .....\$  
 \*Total Services Selected.....\$ 2995.00

Reason for Embalming

Public ViewingOuter burial container, required ☒ yes ☐ no

If required, specify reason

Cemetery Requirement

DISCLAIMER OF WARRANTY: The only warranty, express or implied, granted in connection with goods sold with these funeral services, are the expressed written warranties, if any, extended by the manufacturer thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose are extended by the funeral director.

You accept and approve the above, and acknowledge that the general price list effective 2-15-04, casket price list effective 2-15-04, and outer burial container price list effective 2-15-04, were made available prior to selecting the above arrangements, and hereby ☒ do ☐ do not authorize embalming of the body named above.

## MERCHANDISE

Casket.....\$ 3185.00  
 Outer burial container.....\$  
 Alternative container.....\$  
 Clothing.....\$  
 Other.....\$  
 Cremation urn.....\$  
 Acknowledgement cards.....\$  
 Register/attendance books.....\$ 125.00  
 Memorial folders.....\$  
 \*Total Merchandise Selected.....\$ 3310.00

## OTHER NON-TAXABLE SERVICES

Transfer charge.....\$  
 Cremation.....\$  
 \*Total Non-Taxable Services.....\$

## CASH ADVANCED ITEMS

\*\*We charge you for our services in obtaining this item.

Grave service.....\$  
 Vault/crypt service.....\$  
 Engraving.....\$  
 Certified copies of death certificate  
5 at \$ 25.00 each.....\$ 125.00  
 Clergy.....\$ 75.00  
 Organist.....\$ 35.00  
 Beautician.....\$ 35.00  
 Flowers.....\$ 159.00  
 \*\*Paid obituary notices.....\$ 130.00  
 Transportation.....\$  
 Other Amber.....\$  
 \*Total Cash Advanced Items.....\$ 459.00

## SUMMARY OF ALL ANTICIPATED CHARGES

\*Total Services Selected.....\$ 2995.00  
 \*Total Merchandise Selected.....\$ 3310.00  
 \*Total Non-Taxable Services.....\$  
 \*Total Cash Advance Items.....\$ 459.00  
 Sales Tax.....\$ 198.60  
 TOTAL CHARGES OF ABOVE.....\$ 6962.60  
 Additional Added Charges.....\$

## STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED AND AGREEMENT

**ACKNOWLEDGEMENT AND AGREEMENT:** In this Agreement the words "you" and "your" refer to the Buyer and Co-Buyer, if any, signing this Agreement. The words "Meeks" and "we" refer to The MEEKS Mortuary, 415 E. Washington Street, Muncie, Indiana 47305.

You hereby acknowledge that you have the legal right to arrange the final services for the deceased. For good and valuable consideration, which each party acknowledges receiving, you agree to buy the goods and services described on page one (1). You authorize Meeks to prepare and care for the body of the person named on page one (1), to conduct the funeral and services and incur the charges on page one (1) of this itemized Statement of Goods and Services Selected and Agreement.

You further authorize The MEEKS Mortuary to obtain a credit report should credit be extended. You understand that no extension of credit is involved in this transaction and you further agree that you are personally liable for payment of the applicable balance due shown on page one (1), by the date stated below, to Meeks at the address set out above and you agree that if you have not paid said sum in full by such date a SERVICE CHARGE will be charged on any portion of the unpaid balance due until payment in full is made. You hereby acknowledge that Meeks has the right to collect the total amounts due under this Agreement from any person who signs this Agreement as Buyer or Co-Buyer. You acknowledge that Meeks has not, by the execution of this Agreement with you, waived any rights Meeks has to file a claim in the estate of the above-named decedent. You further understand and agree that any amounts collected by Meeks from the estate of the decedent, or from any other source, shall be credited against any amount owed by you.

**MEEKS' NOTICES TO YOU (THE RETAIL BUYER):** Notices to you shall be sufficient if mailed to your last known address.

**DELAY IN ENFORCEMENT:** Meeks (the Seller) can delay enforcing any of Meeks' rights under this Agreement without losing them and no such delay, forbearance or other action or inaction on Meeks' part will create any new agreement or understanding with respect to the payment or other terms herein unless there is a writing signed by both parties with respect to any such new agreement or understanding.

**COLLECTION COSTS AND ATTORNEY FEES:** This Agreement may be referred to an attorney or collection agency who are not employees of the funeral home for collection or enforcement. In such event, you agree to pay, in addition to default charges, all reasonable costs of collection, including court costs and reasonable attorneys' fees incurred by Meeks.

**RESPONSIBILITY FOR PAYMENT:** This Agreement shall not constitute a release of liability imposed by law upon the decedent's estate but all persons signing this Agreement will be responsible, individually and together, for paying all amounts due under this Agreement. Meeks can take action against you to collect amounts due under this Agreement, even if Meeks does not take such action against any other person(s) signing this Agreement.

**INVALID PROVISIONS:** If any provision(s) of the Agreement is unenforceable, the rest of the Agreement will stay in effect.

**WHAT LAW GOVERNS:** This is an Indiana contract. Any questions about your rights and Meeks' rights under this Agreement will be decided according to the law of the State of Indiana.

**ENTIRE AGREEMENT:** This Agreement contains all terms which have been agreed upon by you and Meeks relating to the goods and services listed on page one (1) of this Agreement. This Agreement replaces all other discussions and agreements, whether oral or written, relating to those goods and services. No subsequent discussion or agreement can change the terms of this Agreement unless it is written and is signed by both you and Meeks.

MEEKS WILL PREPARE AN OBITUARY AND NEWSPAPER NOTICE FROM INFORMATION AND MATERIAL FURNISHED BY THE FAMILY OF THE DECEASED AND SUBMIT THE SAME TO THE NEWSPAPERS FOR PUBLICATION. IN THE EVENT OF FAILURE OF PUBLICATION OR ERRORS OF PUBLICATION, WE CAN NOT BE HELD RESPONSIBLE. NO RESPONSIBILITY CAN BE ASSUMED BY US FOR JEWELRY OR VALUABLES LEFT ON THE PERSON OF THE DECEASED AFTER DELIVERY INTO OUR CARE. CLOTHING AND OTHER PERSONAL EFFECTS WILL BE PROPERLY DISPOSED OF IF NOT CLAIMED WITHIN TEN (10) DAYS AFTER THE FUNERAL SERVICE.

You, the undersigned, acknowledge that the information on page one (1) and on this page has been read by or to you and you hereby acknowledge receipt of a completed copy. You assume responsibility for payment of all sums described on both pages, together with costs of collection of the sums, including reasonable attorneys' fees, and agree to terms of payment described in this Agreement. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others and shall not constitute a release thereof.

Payment Options: (purchaser(s) to initial appropriate line)

_____ Cash in full on or before burial/shipment/cremation	_____ \$ _____ due at signing with balance of \$ _____ due on or before _____
_____ Meeks Prearrangement Plan	_____ \$ _____ from pre-arranged funeral trust, funeral insurance policy, or escrow account.
_____ Assignment of insurance benefits in the amount of \$ _____ from _____	_____ Other: _____

The undersigned Purchaser(s), guarantee and agree to pay Meeks the above charges and any additional charges made at the request of Purchaser(s) hereafter, no later than 60 days from the date hereof.

**A LATE CHARGE OF 1.00% MONTHLY OR 12.00% ANNUALLY will be added to your unpaid balance after 60 days from Date of Death. If needed balance of your account, together with all costs of collection and reasonable attorneys' fees, and without relief from valuation or appraisal laws will be added to your unpaid balance.**

*Walter R. Rother* 315-07-0428  
Signature of Co-Purchaser Soc. Sec. #

\_\_\_\_\_  
Signature of Co-Purchaser Soc. Sec. #

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Co-Purchaser Soc. Sec. #

\_\_\_\_\_  
Signature of Co-Purchaser Soc. Sec. #

\_\_\_\_\_  
Address City, State, Zip  
We agree to render the service and merchandise indicated above.

\_\_\_\_\_  
Address City, State, Zip

By *Michael Steed*  
REPRESENTING MEEKS MORTUARY, INC



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

# GARDENS of MEMORY

CEMETERY and MAUSOLEUM

## FINAL DISPOSITION AUTHORIZATION

Date 12-13-04

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

(Please Print)	First	Middle	Last	Age
<b>BURIAL INFORMATION</b>				
CEMETERY	MAUS/NICHE			
Garden	<u>Hymns</u>	Section	_____	
Estate No.	<u>750</u>	Level	_____	
Space No.	<u>4</u>	Crypt No.	_____	
Day/Date of Funeral	<u>Wed. 12-15-04</u>			
Time of Funeral	<u>10:00 Am</u>			
Funeral Director	<u>Meeks</u>			
City	<u>Muncie</u>			
Place of Funeral: Mortuary	<input checked="" type="checkbox"/>			
Church	<input type="checkbox"/>			
Other	_____			
Music	YES	NO	_____	
Veteran	YES	<input checked="" type="checkbox"/> NO	_____	
Military SVC	YES	<input checked="" type="checkbox"/> NO	_____	
Next Work Day Burial	YES	<input checked="" type="checkbox"/> NO	_____	
Chapel if Rain	YES	NO	_____	
Other Information	<u>Witness - NO</u>			
<b>EXPENSE INFORMATION</b>				
1. Outer Burial Container Type	<u>Heritage</u>		Size	* <u>1055.00</u>
2. Outer Burial Container Set/Seal	_____			<u>175.00</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>
4. Service location: Chapel #	<u>✓</u>		Tent	<u>80.00</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:	<u>TRI</u>		*	<u>NC</u>
D.O.B.	_____		D.O.D.	_____
11. Courtesy memorial (30 to 60 days)	_____			_____
Name (15 ltrs. max.)	_____			
12. Overtime	_____			_____
13. Administration/Recording Fee	_____			<u>45.00</u>
14. Other	_____			_____
15. Other	_____			_____
16. Sales Tax (* Items)	_____			_____
<b>TOTAL CHARGES</b>				<b>\$ <u>185.00</u></b>

### AUTHORIZATION FOR DISPOSITION/TERMS OF PAYMENT

I hereby certify that I am the (relation) daughter 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.

<u>WALTER P. ROBBINS</u>		<u>Janet Robbins</u>	
Relative / Representative's Printed Name		Relative / Representative's Printed Name	
<u>Walter P. Robbins 759-9331</u>		<u>Janet Robbins 759-9331</u>	
Relative / Representative's Signature		Relative / Representative's Signature	
<u>8400 W 400 S</u>		<u>4544 W 400 S</u>	
Address		Address	
<u>UNKOWN</u>		<u>Muncie</u>	
City		City	
<u>IN</u>		<u>IN</u>	
State		State	
<u>47306</u>		<u>47304</u>	
Zip Code		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.

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

Family Service Counselor

Residence Telephone

# FAMILY REVIEW WORKSHEET

Original Purchase Price		You Paid	Today's Cost
1956	Space(s)Crypt(s)	\$ 300	\$ 5980
1999	1 Memorial(s)	\$ 1550	\$ 3459
1	3 Vault(s) <i>heritage</i>	\$ 2700	\$ 3165
	3 <i>set seal</i>	\$ 450	\$ 525
	Interment Fee(s)	\$	\$
	Totals	\$ 5000	\$ 13129
	TOTAL SAVINGS	\$ 8129	

## Services and Merchandise Needed

Items	Price
	\$
<i>open + close</i>	\$ 1650
<i>funeral + casket 6000</i>	\$
<i>my</i>	\$
<i>move Phillip &amp; 1300<sup>00</sup> o/c</i>	\$
<i>163<sup>80</sup> mka</i>	\$
<i>795 possible vault</i>	\$
<i>2258,80</i>	\$
TOTAL	\$
Downpayment	\$
Today's Price	\$

Total Number of Payments	Amount of Payments	Date Payments are to Begin
	@ \$ and @ \$	

*Nana Robles Inc.*

GARDENS OF MEMORY CE  
10703 NORTH STATE ROAD 3  
HUNCIE IN 47303  
713-332-8400

DATE: 12/14/04 TIME: 09:38  
MER#: 941000043133 TER#: 0001  
S-A-L-E-S D-R-A-F-T

REF: 0001 BCH: 077  
CD TYPE: DV  
TR TYPE: HP  
INV#: 1214  
AMOUNT: \$650.00

ACCT: \*\*\*\*\*3704 EXP: \*\*\*  
AP: 014499 AVS: EXACT MATCH  
V-CODE: CVV2 MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF  
GOODS AND/OR SERVICES IN THE AMOUNT OF  
THE TOTAL SHOWN HEREON AND AGREES TO  
PERFORM THE OBLIGATIONS SET FORTH BY THE  
CARDMEMBER'S AGREEMENT WITH THE ISSUER  
THANK YOU

X \_\_\_\_\_  
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

GARDENS OF MEMORY CE  
10703 NORTH STATE ROAD 3  
MUNCIE IN 47303  
713-332-0400

DATE: 12/13/04 TIME: 12:03  
MER#: 941000043133 TER#: 0001  
S-A-L-E-S D-R-A-F-T

REF: 0001 BCH: 076  
CD TYPE: DV  
TR TYPE: PR  
INV#: 1213  
AMOUNT: \$125.00

ACCT: \*\*\*\*\*3704 EXP: \*\*\*  
AP: 013042

CARDMEMBER ACKNOWLEDGES RECEIPT OF  
GOODS AND/OR SERVICES IN THE AMOUNT OF  
THE TOTAL SHOWN HEREON AND AGREES TO  
PERFORM THE OBLIGATIONS SET FORTH BY THE  
CARDMEMBER'S AGREEMENT WITH THE ISSUER  
THANK YOU

X *Walter R. Robles*  
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER