

DEATH RECORD FAMILY REVIEW SHEET

TRACKING NUMBER: 2017205833

DATE: December 27, 2017

DECEDENT INFORMATION

NAME: BETTY JANE FAUSS

DATE OF DEATH: December 24, 2017

SEX: FEMALE

AGE: 089 YEARS

DATE OF BIRTH: July 2, 1928

SSN: 287-24-7636

BIRTHPLACE: AKRON, OHIO, UNITED STATES

PLACE OF DEATH INFORMATION

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: SUNCOAST HOSPICE CARE CENTER NORTH PINELLAS

LOCATION OF DEATH: PALM HARBOR, PINELLAS COUNTY, 34684

SURVIVING SPOUSE AND DECEDENT'S RESIDENCE INFORMATION

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 3715 DARSTON STREET

PALM HARBOR, FLORIDA, UNITED STATES 34655

COUNTY: PINELLAS

DECEDENT'S HISTORY INFORMATION

OCCUPATION, INDUSTRY: BOOK KEEPER, WHOLESALE PRODUCE

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian

American Indian or Alaskan Native--Tribe: Japanese Korean Vietnamese

Guamanian or Chamorro Samoan Other Pacific Isl:

Other Asian: Other: Unknown

HISPANIC OR HAITIAN ORIGIN NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: MORRIS T YUNKIN

MOTHER/PARENT: LAURA MARSH

INFORMANT: GLORIA FAUSS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 12444 PLEASANT VALLEY ROAD

UTICA, OHIO, UNITED STATES 43080

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: PALM STATE CREMATORY SERVICES

CLEARWATER, FLORIDA

METHOD OF DISPOSITION: CREMATION

MEDICAL EXAMINER APPROVAL NUMBER:

FUNERAL DIRECTOR/LICENSE NUMBER: JOHN ERIC KUGE F046942

FUNERAL FACILITY: BEACON DIRECT CREMATION F090834

7210 ULMERTON ROAD SUITE E

LARGO, FLORIDA 33771

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

CERTIFIER'S NAME: DAVID RICHARD DOERINGER

CERTIFIER'S LICENSE NUMBER: OS11577

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority, and know of no living person who objects to the matters set forth herein or has a superior priority right under state law, to authorize the cremation, processing and disposition of the remains of

Betty Jane Fauss (hereinafter referred to as the "Deceased").
(Name of Deceased – Last, First and Middle)

Date of Birth 07/02/1928 Date of Death 12/24/2017 Time of Death 2350 A.M. P.M.

I/We hereby request and authorize Beacon Direct Cremation (hereinafter referred to as the "Cremation Service") to take possession
(Name of Cremation Service)

of and make arrangements for the cremation of the remains of the Deceased at Palm State Crematory Services
(Name of Crematory)

12660 34th Street North Unit A-2 Clearwater Florida 33762 727-571-1726
Street City State Zip Telephone Number

(hereinafter referred to as the "Crematory"), and I/we give the Crematory the authority to cremate the remains of the Deceased.

The cremation will be completed within 5 days following all required approvals, pursuant to FS 497.607(1).

I/We hereby authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Cremation Service. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Cremation Service. I/We hereby authorize the Cremation Service to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required: Yes No Describe: _____

Description of urn or minimum acceptable container selected: Black Polypropelene with Beach Scene Suitable for Shipping: Yes No N/A

Deliver to _____
(Name and Address of Cemetery)

Release to the following individual(s): _____
(Name of Designated Individuals to Receive Cremated Remains)

Scattering at Sea by Cremation Service or Cremation Service Agent _____

Ship Via U.S Priority Mail Express* Name and address to be given later

To: Name _____ Address _____

Other _____

*** The Cremation Service is not responsible for any loss or damage of cremated remains shipped via Priority Mail Express with the United States Postal Service. I/We agree to release and hold the Cremation Service harmless from any and all claims related to such shipping.**

The undersigned acknowledges and agrees that the cremation, processing and disposition of the remains of the Deceased authorized herein shall be subject to the following terms and conditions:

- The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Cremation Service or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate. Description of cremation container selected: Minimum Alternative Container
- Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Cremation Service, its agents and associates, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED **DO** **DO NOT** CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. (Please Initial One)
- Listed below are all implanted mechanical and radioactive devices which the Crematory is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated:

Description of Implanted Device	Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Cremation Service.

AUTHORIZATION FOR CREMATION AND DISPOSITION

Betty Jane Fauss

07/02/1928

12/24/2017

(Name of Deceased – Last, First and Middle)

(Date of Birth)

(Date of Death)

- I/We acknowledge that neither the Cremation Service nor the Crematory is responsible for removing any item of value (such as jewelry) from the remains prior to the cremation process, and I/We agree to hold harmless Cremation Service and Crematory from any liability for the destruction or loss of any such item.
- I/We understand that certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. I/We further hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
- Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
- In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Cremation Service, together with the primary urn or container.
- I/We understand and acknowledge that, even with the exercise of reasonable care and the use of the Crematory’s best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
- In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days after the cremated remains are available to be retrieved by the person designated on the Cremation Authorization form, the Cremation Service shall give written notice to me/us by Certified Mail, at the address indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date such written notification is mailed, the Cremation Service is authorized to dispose of the unclaimed remains of the deceased in any manner deemed appropriate.
- I/We agree to indemnify, release and hold the Crematory, Cremation Service, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys’ fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
- Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Cremation Service, Crematory, or any of their respective affiliates, agents, or employees

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.


Signature _____

Print Name _____ **Relationship to Deceased** _____

Address _____ Tel. No. (_____) _____
Street _____ **City** _____ **State** _____ **Zip** _____

Signature _____
Print Name _____ Relationship to Deceased _____

Address _____ Tel. No. (_____) _____
Street _____ City _____ State _____ Zip _____

WITNESS _____ **Date** _____, 20____
Signature _____ **Print Name** _____

Beacon Direct Cremation 7210 Ulmerton Road Suite E Largo, FL 33771

Name and Address of Cremation Service



GENERAL PRICE LIST

These prices are effective December 1, 2017 but are subject to change without notice.

Please note: Certain items and disclosures are required to be present on the General Price List as required by the Federal Trade Commission.

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

There may be additional charges for extra expenses and special request items not listed such as newspaper notices, flowers, outside expenses, etc.

Basic Services of Direct Disposer and Staff and Overhead \$275.00

Our services include: conducting the arrangement conference; consulting with family; shelter of remains; preparing and filing necessary notices; obtaining necessary authorizations and permits; coordinating with the crematory, or other third parties; In addition, this fee includes a proportionate share of our basic overhead costs. This fee does not include any charges by newspapers or other publications for any requested notices we place for you.

This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations.)"

Refrigeration (in lieu of embalming) \$25.00

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as a direct cremation or immediate burial.

Please note that embalming is not required for direct cremation and our establishment does not provide embalming or funeral services of any kind or immediate burials. It is our policy to require refrigeration of an unembalmed body.

Transportation \$160.00

Transfer of remains from place of death to crematory (*within 35-mile radius*)

Additional distance will be charged at \$3.00 per mile.

Additional transportation charges for Hernando, Citrus, Manatee, Sarasota and Polk counties. **\$80.00**

Additional transportation charges for individuals over 400 lbs. \$125.00

Transportation from crematory for autopsy/procedure and return to crematory (*within 35-mile radius*) **\$295.00**

Additional distance will be charged at \$3.00 per mile

Direct Cremation \$665.00 to \$695.00

This Includes basic services of direct disposer and staff; a proportionate share of overhead costs; removal of remains; transportation to Crematory; refrigeration; necessary authorizations and permits.

The crematory fee of \$205.00 is included in the charge below.

If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like cardboard or composition materials (with or without and outside covering).

The containers we provide are a cardboard container.

A. Direct cremation with container provided by the purchaser **\$665.00**

B. Direct cremation with a minimum cardboard container **\$695.00**

Alternative Container **\$30.00**

Urns **\$25.00 to \$598.00**

Additional crematory charge for individuals over 400 lbs. **\$200.00**



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Other Optional Items:

Register / Memorial Book	\$45.00 to \$150.00
Service Folders / Prayer Cards (<i>per 25</i>)	\$35.00
Custom Verse Setup Fee	\$15.00
Mailing Cremains Via USPO	\$125.00
Mailing of Cremains within the State of Florida via USPO Priority Express	\$60.00
Mailing of Documents (<i>only</i>) via priority mail	\$12.00
Scattering of Cremains in Gulf of Mexico	\$145.00
Expedite Fee (<i>not guaranteed</i>)	\$150.00
Paid Funeral Notice - out of state (<i>plus line charge</i>)	\$35.00
ID / Witness Cremation (<i>immediate family only</i>)	\$150.00
Personalized Memorial Candles	\$50.00

Direct Cremation Fees by County

County	Cremation Fee	Medical Examiner Fee	Death Certificate Fee
Pinellas	\$695.00	\$40.00	\$9.00 first - \$8.00 each additional
Hillsborough	\$695.00	\$25.00	\$9.00 first - \$8.00 each additional
Pasco	\$695.00	\$50.00	\$9.00 first - \$8.00 each additional
Hernando	\$775.00	\$50.00	\$9.00 first - \$8.00 each additional
Polk	\$775.00	\$25.00	\$9.00 first - \$8.00 each additional
Manatee	\$775.00	\$35.00	\$9.00 first - \$8.00 each additional
Sarasota	\$775.00	\$35.00	\$9.00 first - \$8.00 each additional
Citrus	\$865.00	\$25.00	\$9.00 first - \$8.00 each additional

Our Direct Cremation Includes

Transportation from place of death to our family owned crematory and your loved one never leaves our care
 Basic Alternative Cremation Container
 Care and Refrigeration of your loved one
 Securing all required authorizations
 Filing the Death Certificate
 Notifying Social Security Administration
 Assisting with newspaper notices
 Cremation performed by certified crematory professional
 Cremated remains are returned to you in a simple container

Additional charges that may apply

Additional Transportation Fee May Apply
 Certified Copies of Death Certificate (fees vary by County)
 Medical Examiner Fee (if required, varies by County)
 Newspaper Notices (fee charged)
 Permanent Urn or Other Merchandise you may select

The Beacon Promise

The Beacon Promise represents Beacon Direct Cremation's vision and promise to serve the families that entrust the care of their loved ones, with the best people, practices, and products. It is the guiding principle behind every decision and interaction with families. In other words, The Beacon Promise, ensures no lies, no hidden fees, and complete transparency from the start of our conversation through the completion of the cremation arrangement process.

7210 Ulmerton Road Suite E Largo, Florida 33771 - (727) 507-0397 - Fax (727) 507-0401
 Email: eric@beacondirectcremation.com – Website: www.beacondirectcremation.com