

SINCE 1934



**MARTIN &
CASTILLE**
FUNERAL HOME

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RS 8:655**§655. Right of disposing of remains; military personnel; limitation of liability**

A. Unless other specific directions have been given or the designation of a specific person to control disposition has been made by the decedent in the form of a notarial testament or a written and notarized declaration, the following persons, in the priority listed, have the right to control and authorize the interment of a deceased person, as defined in R.S. 8:1:

(1) The person designated to control disposition by the decedent in the form of a notarial testament or a written and notarized declaration.

(2) The surviving spouse, if there is no pending petition for divorce filed by either spouse prior to the death of the decedent spouse.

(3) A majority of the surviving adult children of the decedent.

(4) A majority of the surviving adult grandchildren of the decedent.

(5) The surviving parents of the decedent.

(6) A majority of the surviving adult siblings of the decedent.

(7) A majority of the surviving adult persons respectively in the next degrees of kindred as established in Civil Code Article 880 et seq.

B.(1) Notwithstanding the provisions of Subsection A of this Section, if the decedent died in a manner described by 10 U.S.C. §1481 (a)(1) through (8) while serving in any branch of the United States Armed Forces, the United States Reserve Forces, or National Guard, and the decedent executed a United States Department of Defense Record of Emergency Data, known as DD Form 93, or its successor form, the right to control interment for the decedent shall devolve upon the Person Authorized to Direct Disposition, also referred to as the PADD, as indicated on the DD Form 93 or its successor form.

(2) There shall be no liability for a cemetery authority, funeral establishment, funeral director, crematory authority, or the employees or agents of any of them to whom a copy of a DD Form 93 is presented, purportedly executed by the decedent for conduction of the interment or other disposition of the decedent's remains, pursuant to the instructions of the PADD as indicated on the DD Form 93, or for relying on the representation of the PADD that the decedent died in a manner described in Paragraph (1) of this Subsection.

C.(1) In the event that the decedent has made multiple notarial testaments or notarized declarations pursuant to Subsection A of this Section, the testament or declaration, whichever is dated last, shall control.

(2) In the event that the decedent has made one or more notarial testaments or notarized declarations pursuant to Subsection A of this Section, and the decedent executed a DD Form 93 and died in a manner described in Subsection B of this Section, the testament, declaration, or the DD Form 93, whichever is dated last, shall control interment of the decedent's remains.

D. Notwithstanding the provisions of Subsection A of this Section, in the event that the coroner releases the remains of the decedent to an interested person pursuant to R.S. 9:1551(A)(1), such person has the right to control the disposition of the remains of the decedent.

E. In the absence of specific directions given by the decedent, if the authorization of the person or persons with the right to control disposition cannot be obtained, a final judgment of a district court shall be required.

Acts 1991, No. 912, §1; Acts 2001, No. 557, §1; Acts 2014, No. 819, §1; Acts 2015, No. 270, §1, eff. July 1, 2015; Acts 2016, No. 143, §1, eff. May 19, 2016.

See pg. 5 for the clause discussed at meeting.

HEALTH CARE DURABLE GENERAL POWER OF ATTORNEY
STATE OF LOUISIANA PARISH OF _____

BEFORE ME, the undersigned Notary, and witnesses, came,

_____, SS # XXX-XX-_____, who resides
at _____, (Principal) who appoints
_____, SS # XXX-XX-_____, who resides
at _____, as Agent.

Agent accepts and agrees to be bound by this General Power of Attorney (Agency). Agent's powers will be exercised until further notice by Principal.

ARTICLE I Durability

This Agency is "durable" and shall not be deemed revoked by my disability or incapacity. In the event that I am interdicted, or declared incapacitated for any reason, then I appoint my Agent herein as my curator or guardian over both my person and my property.

ARTICLE II PROHIBITED POWERS

Notwithstanding the breadth of powers granted to my Agent in this Agency, my Agent shall not have or exercise any of the following powers:

Life Insurance. Any power or incident of ownership over any policy insuring my Agent's life.

Gifts. Any power or authority over any irrevocable trust created by Agent, if I am a trustee or beneficiary of that trust. Nor shall my Agent have any power over any property my Agent may have donated to me.

Powers. Any power or authority to appoint any of my property to my Agent, to my Agent's estate, to my Agent's creditors, or to the creditors of my Agent's estate. My Agent shall have no power or authority to disclaim any assets on my behalf if the result would cause them to pass directly or indirectly to my Agent or his or her estate in any one calendar year. My Agent shall have no power or authority to discharge any of my Agent's legal obligations out of my property, including any obligation of support which my Agent may owe to others unless my Agent and I are equally obligated to render such support.

ARTICLE III PROPERTY

"Property" means all of my interests in property whether movable, immovable, real, personal, corporeal in incorporeal, tangible, intangible and mixed, wherever located, however acquired, whether owned by me now or hereafter acquired by me or on my behalf by Agent or by third persons. With regard to Property, Agent may:

exercise all conversion, subscription, voting and other rights of whatsoever nature pertaining to such property; and to pay any amount or amount of money my Agent may deem advisable.

Options. To grant options affecting Property for such purposes and periods, upon such conditions, in such manner, and at such prices as my Agent may determine; to exercise them for such price and on such terms and conditions as my Agent may see fit.

Servitudes and Easements. To create servitudes or easements on Property for such purposes and periods, upon such conditions, in such manner, and at such price as my Agent may determine.

Leases. To lease or give options to lease all or any part of the Property for such price, and on such terms and conditions, for such purposes and at such rentals as my Agent may see fit; to enter into, amend or extend all kinds of leases including but not limited to all kinds of predial leases, surface leases, and oil, gas and mineral leases, with or without pooling provisions.

Oil, Gas and Other Minerals. To sell, lease, exchange, partition or otherwise alienate oil, gas or other minerals and interest therein, and the right to explore for the, or options for any of these, by such instruments, in such forms, for such bonus, rentals or other considerations, and for such terms and periods as my Agent may see fit. To invest in, to acquire and retain for so long a period as Agent may see fit, oil, gas and mineral leases and rights in and to oil, gas and other minerals either in the form of mineral interests, royalties or other proprietary or working interests, whether productive when acquired or nonproductive when acquired, whether or not speculative in nature, with or without pooling provisions, to explore or to contract for mineral exploration and to drill and to enter into pooling, unitization, repressurization, and any other type of agreement relating to the development, operation and conservation of mineral property.

Partnerships. To cause my Agent (on my behalf) to become a partner in such partnerships as my Agent may see fit, whether as a limited or general partner, or partner in commendam; to continue me or my Agent as a partner in any partnership in which I may be a partner or possessed of the right to become a partner; to consent to the continuation of any partnership that might otherwise terminate even though the articles of partnership may not provide for continuation.

Borrowing. To borrow money by obligation either unsecured or secured, in such amounts, for such terms, at such rates of interest or without interest, and in such manner as my Agent may think desirable and to secure such loans by mortgage, pawn or pledge of Property or otherwise, and to mortgage or pledge Property for any period of time my Agent shall think desirable.

Lending. To make loans of Property to such persons, firms, partnerships, corporations, or political subdivision, including businesses or business interest in which my Agent may be personally interested for such purposes and for such periods, in such amounts and at such rates of interest, with or without

Life Insurance. To insure the life of any other person on whose life I may have an insurable interest. Life insurance shall be in such amounts as my Agent may determine, and in such forms, as my Agent may deem wise by term insurance, ordinary life insurance, stated period payment insurance, endowment insurance or any other kind of life insurance. Proceeds of life insurance shall be made payable to any beneficiary or contingent beneficiary designated by my Agent. My Agent may elect any option provided by any policy. My Agent may surrender any of such policies at any time and obtain the cash surrender value, or may borrow against such value, or may exercise any other right of an owner of the policy.

Custody and Location of Property. To keep all or any part of the Property at any place in Louisiana or elsewhere within the United States or abroad with such depositories or custodians at such places as my Agent shall deem necessary or advisable and to have the power to hold securities in the names of nominees.

Powers of Attorney. To give such powers of attorney, general or special, with or without power of substitution, in connection with the exercise of other powers as my Agent may deem advisable.

Miscellaneous Agreements. My Agent may enter into any and all kinds of agreements on my behalf, whether or not specifically described in this paragraph.

Retirement Plans. To create and contribute to an Individual Retirement Account (IRA) or employee benefit plan (including self-employed plans) for my benefit; to select payment options under plans in which I participate, and to change options I have selected. To make and change beneficiary designations, to make voluntary contributions, to "roll-over" plan benefits into other retirement plans, and to borrow money and purchase assets from plans and to see assets thereof, if authorized by any such plan.

Accounts. To establish accounts of all kinds, (including checking and savings) for me with financial institutions, including banks, thrift institutions, brokerage firms, and credit unions. To modify, terminate make deposits to and write checks on or make withdrawals from and grant security interests in all accounts in my name or upon which I or my Agent are authorized signatories (except accounts held by me in a fiduciary capacity), whether such account was established by me or for me by my Agent. To negotiate, endorse or transfer any checks or other instruments with respect to any account; to contract for any services rendered by any bank or other institution.

Safe-Deposit Boxes. To contract with any institution for a safe-deposit box in my name. To have access to all safe-deposit boxes in my name or to which I am an authorized signatory (except in a fiduciary capacity) whether or not the contract for such safe-deposit box was executed by me (either alone or jointly with others) or by my Agent in my name. To add to and remove from the contents of any safedeposit box and to terminate contracts for such boxes.

Legal Proceedings. To institute, supervise, prosecute, defend, intervene in, abandon, compromise,

Internal Revenue Service or any other taxing authority. To exercise any elections I may have under federal, state or local tax law; and generally to represent me or obtain professional representation for me in all tax matters and proceedings of all kinds and for any period before any taxing authority. To engage, compensate and discharge attorneys, accountants and other tax and financial advisors and consultants to represent or assist me in connection with any tax matter involving or in any way related to me or any Property in which I have or may have any interest or responsibility.

Gifts. To make gifts or other gratuitous transfers either outright or in trust, (including the forgiveness of debt and the completion of any charitable pledge) to such person or organizations as my Agent shall select.

Support. To continue to support any person I have undertaken to support or to whom I may owe an obligation of support. Support may include payment of real property taxes, payments on loans secured by my residence, maintenance of my residence, food, clothing and shelter, medical, dental and psychiatric care, normal vacations and travel expenses; education, (including education at vocational and trade schools, training in music, stage, arts and sports, special training provided at institutions for the mentally or physically handicapped, preparatory, undergraduate and graduate or professional study in any field at public or private universities, colleges or other institutions of higher learning) including payments for tuition, books and incidental charges made by the educational institutions, travel costs to and from such institutions, room and board, and a reasonable amount of spending money. If I have been legally separated or divorced from my spouse, any support provided to such spouse by my Agent shall be limited to such support as may be required by law.

ARTICLE IV HEALTH CARE

I give my Agent all powers regarding the following health care matters that I could exercise on my own behalf, if capable of doing so. My Agent may:

Medical Records. Have access to any medical information in any form regarding my physical or mental condition, and to execute such consents as may be necessary to obtain it.

Professionals. Retain, compensate and discharge any health care professionals my Agent deems necessary to examine, evaluate or treat me, whether for emergency, elective, recuperative, convalescent or other care.

Institutionalization. Admit me to any health care facility recommended by a qualified health care professional, whether for physical or mental care or treatment, and remove me from such institution at any time, even if contrary to medical advice.

Treatment. Consent on my behalf to tests, treatment, medication, surgery, organ transplant or other procedures, and to revoke that consent, even if contrary to medical advice.

my return home is unlikely because of my condition, my Agent may sell, exchange, lease, sublease or dispose of my home and such of its contents as are no longer useful to me and are not specifically bequeathed in my will, all on such terms as to price, payment and security as my Agent deems reasonable.

Religious Needs . Continue my affiliation with my church, keeping me accessible to its clergy, members and other representatives, continuing and renewing any pledge made by me whether for capital, operations or other purposes, and generally to assist me in maintaining my church relationships to the extent my health permits.

Companions and Recreation. Hire, discharge, direct and compensate such companions as may be necessary for my health, recreation, travel, and general wellbeing.

Funeral Arrangements. Arrange and contract for my funeral including appropriate arrangements and instructions for my funeral service or memorial service, including purchase of a burial plot or other appropriate disposition of my body. My Agent shall comply with such known written instructions as I may have or leave.

Curator or Guardian. Nominate on my behalf any person my Agent deems qualified (including my Agent) as my curator, undercurator, curator ad hoc, guardian, or conservator or any other fiduciary office I have a right to nominate or designate, to waive and bond on my behalf and to grant to that fiduciary or representative any powers that I might extend on my own behalf.

ARTICLE VI REFUSAL OF MEDICAL TREATMENT

I do not wish my life prolonged artificially through extraordinary or heroic means if my condition is terminal. Even over the objection of members of my family, my Agent may:

Withdraw or Withhold Life Support. If two licensed physicians (one of whom is my attending physician) have personally examined me and my attending physician has noted in my medical records that my condition is terminal and irreversible, my Agent may sign on my behalf any documents, waivers or releases necessary to withdraw, withhold or cease any procedure calculated only to prolong my life, including the use of a respirator, cardiopulmonary resuscitation, surgery, dialysis, blood transfusion, antibiotics, antirheumatic and pressor drugs or transplants.

Nourishment. Refuse or discontinue intravenous or parenteral feeding, misting, and endotracheal or nasogastric tubes, if advised that no undue pain will be caused to me.

Declaration. Contemplating that my medical care may be rendered in Louisiana, or that Louisiana law might otherwise apply, I have executed a Declaration Concerning Life-Sustaining Procedures ("Declaration") pursuant to Louisiana Revised Statutes 40:1299.58.1 and following as amended, a copy

To protect third parties who deal with my Agent under powers granted in this agency, third persons may rely on my Agent's act or signature with the same force and effect as though I were personally present and acting for myself. Accordingly:

Notice of Amendment or Revocation. No person dealing with my Agent on my behalf shall be charged with any amendment to this agency or its revocation until actual notice thereof is delivered to the third party.

Reliance. Until they receive actual notice that this agency has been amended or revoked third persons may assume that my Agent is acting within the scope of powers granted by me in this agency, and that this agency remains effective. No person who deals with my agent shall be responsible for my Agent's proper application of funds or property.

Information. Persons who receive requests for information from my Agent are authorized to furnish it, as and when requested. I release them from any and all legal liability for furnishing the information my Agent requests. If that information is privileged, I waive the privilege. My Agent may disclose that information to such others as my Agent may deem appropriate.

ARTICLE IX MISCELLANEOUS PROVISIONS

Expenses. My Agent shall be entitled to reimbursement for all costs and expenses reasonably incurred on my behalf.

Nomination. I nominate my Agent to serve as my curator, undercurator, guardian, conservator and in any similar fiduciary capacity consonant with the powers granted in this agency. If not permitted to nominate my Agent, I nevertheless make the strongest recommendation that my Agent be qualified for all such offices. Likewise, I nominate my Agent as tutor, undertutor or guardian of the person and property of my minor children, or if not permitted to nominate, I make a similar strong recommendation that my Agent be appointed. **Release.** I release and discharge my Agent and my Agent's heirs, successors and assigns from any and all liability to me, my heirs, successors and assigns arising out of any acts or omissions of my Agent, except for willful misconduct or gross negligence. My Agent shall have no responsibility to make my property productive of income, to increase the value of my estate or to diversify my investments.

Applicable Law. This instrument shall be governed by the laws of Louisiana. **Revocation, Removal, Amendment and Resignation.** This agency may be amended or revoked by me. My Agent may be removed by me at any time by written document delivered to my Agent. If this agency has been recorded in the public records, the act of revocation, amendment or removal shall be filed or recorded in the same manner. My Agent may resign by written resignation delivered to me or, if I am incapacitated or interdicted, by delivery to any person with whom I am residing or who is responsible for

AUTHORIZATION/DIRECTION TO CREMATE

STATE OF LOUISIANA
PARISH OF _____

I, John Doe, Social Security Number _____, a resident of _____ Parish, Louisiana, being of sound mind, do hereby make this specific declaration regarding my interment (as defined by La.R.S. 8:1), all pursuant to La.R.S. 8:655, expressly revoking any and all prior directions or expressions:

I.

I hereby declared that upon my death, my body shall be cremated. As such, therefore, I hereby authorize and direct Martin & Castille Funeral Home (funeral home), or any person, firm or entity acting on its behalf, to handle all affairs in connection with my interment (cremation).

II.

Accordingly, I direct that my heirs, succession representative, surviving spouse or any person kindred, adopt no steps to frustrate the effectuation of my wishes and desires herein expressed.

IN WITNESS WHEREOF, I have signed this declaration, under oath, on the 21 day of August, 2019, in the presence of _____ and _____ the undersigned witnesses, and a Notary Public.

WITNESSES:

Print Name: _____

Print Name: _____

NOTARY PUBLIC

**LAFAYETTE CREMATORY, INC.
AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize Martin & Castille Funeral Home hereinafter referred to as "Funeral Home") License No. 608 and Lafayette Crematory (hereinafter referred to as the "Crematory") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

Name of Decedent: John Doe Sex: Male Age: _____

Date of Death: _____ Time of Death: _____ Place of Death: _____

Funeral Director in Charge: _____ License No. _____ Location: Lafayette, LA

SPECIAL INSTRUCTIONS: _____

PACEMAKERS, PROSTHESES, AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in a cremation chamber. All pacemakers must be removed prior to delivery of the Decedent to the Crematory and/or may be removed by personnel of the Funeral Home.

Do the decedent's remains contain a pacemaker? Yes No
 If yes, was the pacemaker removed prior to delivery to the Crematory? Yes No
 Was the decedent treated with radioactive implants? Yes No
 If yes, the following list contains all radioactive implants and date of implantation:

The body of most radioactive implant patients can be cremated safely at any time. If the body is to be cremated less than 20 months from the date of the radioactive implant, the cremated remains should not be processed and should be put in a metal urn for storage or burial. Cremated remains should not be scattered until 20 months from the date of the implant. If the date of radioactive implantation is less than 14 days, the physician or hospital must be notified.

Do the decedent's remains contain any other mechanical or prosthetic devices? Yes No
 If yes, the following list contains all mechanical and/or prosthetic devices which are implanted in or attached to the Decedent:

The Decedent's remains **DO NOT** contain a pacemaker or *any* other device that could be harmful to the Crematory.
Initials of Authorizing Agent(s): _____

I understand that if the Funeral Home has not been notified about such devices or implants, and not instructed to remove them, I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

Initials of Authorizing Agent(s): _____

It is the policy of the Crematory to refrain from opening any casket or alternative cremation container. Accordingly, any items of value should be removed from the casket or alternative cremation container prior to its delivery to the Crematory. I understand that the Crematory shall not be liable for, and I agree to hold harmless and indemnify the Crematory against, any claims for loss, damage or destruction of any items of value delivered to the Crematory in the casket or alternative cremation container.

Initials of Authorizing Agent(s): _____

INFECTIOUS, CONTAGIOUS, COMMUNICABLE, OR OTHERWISE DANGEROUS DISEASES

Did the death occur as a result of a disease declared by the Department of Health and Hospitals to be infectious, contagious, communicable, or otherwise dangerous to the public health, if known? Yes No

CREMATION INFORMATION

Authorizing Agents acknowledge and agree that the Crematory and its authorized agents, subcontractors or assigns are authorized to perform the cremation of the Decedent upon receipt of human remains, at their discretion, and according to their own time schedule as work permits, without obtaining any further authorizations or instructions. 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 cremation 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 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. The Crematory requires either a casket or an alternative (cremation) container for the cremation. Please refer to page 3 of this form for further details regarding the caskets/containers. After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

The Crematory is to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We hereby authorize the funeral home to arrange for the disposition of the cremated remains of the deceased as follows: _____

Initials of Authorizing Agent(s): _____

I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home. If the cremated remains are unclaimed after 60 days from the date of cremation, the cremated human remains may be disposed of by the funeral home in any manner permitted by law.

Initials of Authorizing Agent(s): _____

AUTHORITY OF AUTHORIZING AGENT(S)

I (We) hereby certify that the Decedent left the surviving heirs at Law:

Spouse Yes No _____

Children Yes No # _____ Siblings Yes No # _____ Other Name(s) and Relationship: _____

Parents Yes No _____

Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

DISCLOSURES, WARRANTIES AND PERMISSION (INITIAL EACH)

I/We certify that Decedent named above gave specific directions in the form of a written and notarized declaration to be cremated, Yes _____ No _____ (If the above answer is "Yes" written and notarized authorization of Decedent must be attached).

Initials of Authorizing Agent(s): _____

I/We or our designated representative has personally identified the remains and assume full responsibility for the identity of Decedent.

Initials of Authorizing Agent(s): _____

I/We understand that if I/we wish to remove and/or retain any item from the remains, casket or container, I/we must do so directly or by authorized agent prior to the transportation of the Decedent from the Funeral Home to the Crematory.

Initials of Authorizing Agent(s): _____

I/We give full permission for the following

- The incidental or inadvertent commingling of the cremated remains.
- The processing of the remains and resulting incidental commingling of the cremated remains.
- The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

Initials of Authorizing Agent(s): _____

INDEMNITY

I/We declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I/We agree to hold harmless, indemnify and defend the above named Funeral Home and Crematory as well as their respective representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorney fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any ^{explosible} or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

ADDITIONAL TERMS AND CONDITIONS

THE CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization and it is carried out by placing the deceased in a casket or alternative container and then placing the casket or alternative container into a cremation chamber, or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, incineration of the container and its contents is accomplished by raising the temperature substantially (extreme temperature) and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possession or valuable materials such as dental gold and silver, jewelry (as well as any body prostheses or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed and become non-recoverable. If not destroyed, the Crematory is authorized to dispose of such materials at its sole discretion. THE AUTHORIZING AGENT(S) UNDERSTANDS THAT ARRANGEMENTS MUST BE MADE WITH THE FUNERAL HOME TO REMOVE ANY SUCH POSSESSIONS OR VALUABLES PRIOR TO THE TIME THAT THE DECEDENT IS TRANSPORTED TO THE CREMATORY.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average -size adult, are then swept or raked from the cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremation is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only the human bone fragments will remain.

When cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. After the bone fragments have been separated from the other material, they will be mechanically process (pulverized), which includes crushing or grinding and incidental commingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentified dimensions, virtually unrecognizable as human remains, prior to placement into the designated container.

CASKET/CONTAINERS

All caskets and alternative containers must meet the following standards:

1. Be composed of materials suitable for cremation;
2. Be able to be closed to provide a complete covering for the human remains;
3. Be sufficient for handling with ease;
4. Be resistant to leakage or spillage;
5. Be able to provide protection for the health and safety of crematory personnel.

The Crematory is authorized to inspect the casket or alternative container. In the event there is leakage or damage, the Crematory may contact the Funeral Home directly for instructions. For health reasons, the Crematory's personnel will not open the container.

Many caskets that are comprised of combustible materials also contain exterior parts, e.g, decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

URNS/TEMPORARY CONTAINERS

In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separated receptacle will be kept with the primary receptacle and handled according to the disposition instructions on this form. Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urns or container be a minimum size of 150 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container furnished by the Crematory, marked temporary, which is not designed for shipment.

FINAL DISPOSITION

Cremation is NOT the final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually are several pounds and usually measure in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the option selected for final disposition include scattering, then the cremated remains will not be recoverable. If scattering is performed in a common area, then the cremated remains may be commingled with particles of other cremated remains that have been previously scattered.

Initials of Authorizing Agent(s): _____

SIGNATURE OF AUTHORIZING AGENT(S)

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

I/We the undersigned, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise serve (served) in the capacity of Funeral Provider to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained in this document.

Executed at Lafayette, LA this 21 day of August, 20 19

Name: Martin & Castille Relationship to Decedent: Funeral Provider

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent: Funeral Provider

Signature of Authorizing Agent: Signature of Witness:

Name: Relationship to Decedent:

Signature of Authorizing Agent: Signature of Witness:

If electronically transmitted, this form must be notarized and filled out below. The original of this document must be delivered directly to Lafayette Crematory without delay Before me, undersigned authority appeared who on oath said he/she witnessed execution of the above with his true signature, which appears thereon, in the presence of the parties and the other witness, who also signed. Sworn to and subscribed to before me this day of 20, at in the State of

Signature of Notary Public

REPRESENTATIONS OF FUNERAL HOME

Funeral Home, through its duly authorized undersigned representative, certifies that he/she has reviewed this form with the Authorizing Agent(s); that no member of Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect; that the human remains delivered to the Crematory are the same human remains that were identified by Authorizing Agent(s) and the Funeral Home as the Decedent; that Funeral Home has obtained all the necessary permits authorizing the cremation and those permits are attached hereto; and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Funeral Home agrees to hold harmless, indemnify and defend the Crematory as well as Crematory's representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorney fees) which may result from this authorization and order, and also including any failure to properly identify the remains, failure to take possession of or make proper arrangements for the final disposition of the cremated remains, the processing of remains, shipping of remains, any explodable or harmful impact, infectious diseases, any claims of other persons claiming rights to control disposition of the remains, or any other cause.

FUNERAL HOME:

Funeral Director: Print Name:



**MARTIN &
CASTILLE**
FUNERAL HOME

ASSIGNMENT

I, Jenny Larsen, Beneficiary and surviving daughter of the late Rob Larsen regarding Transamerica Life Insurance Policy # 12345678 issued through Transamerica Life Insurance Company on the life of the late Annie Lou Verret, do hereby irrevocably assign and direct Transamerica Life Insurance to pay Martin & Castille Funeral Home, 330 St. Landry Street, Lafayette, Louisiana 70506, the amount of \$_____ from said policy to cover the funeral expenses of the late Rob Larsen. All other proceeds, *if any*, to be paid directly to the beneficiary as stated in the original policy. The original policy is attached.

Thus done and signed on this _____ day of _____, 2019, before me, Notary Public, and two competent witnesses, after due reading of the whole.

WITNESS:

Printed Name: _____

Printed Name: _____

Jenny Larsen

Address: 123 Anywhere Street

City, State, Zip: Somewhere, Louisiana 70503

Phone #: 337-867-5309

Date of Birth: _____

Social Security #: _____

NOTARY PUBLIC



**SECURITY PLAN LIFE INSURANCE COMPANY
PROOF OF HEIRSHIP AFFIDAVIT**

STATE OF _____

Policy Number: _____

COUNTY OF _____

I, _____, do hereby state that I am over twenty-one years of age, am not incapacitated in any way; and was personally acquainted with _____, the insured under policy number _____, issued or reissued, by Security Plan Life Insurance Company, Austin, Texas, and that the statements hereinafter set forth, including answers to questions propounded, constitute a true, correct, and complete statement of the facts and financial condition of said Insured's estate. Did Insured leave a will? _____ If so, has the same been probated? _____ If Insured did not leave will, has any administration been had in probate court on Insured's estate? _____ If so, when and where? _____ Were there any debts or obligations due by the Insured at the time of death? _____ If so, give the following information:

To Whom Owing	Amount	Nature of Debt	Paid-Unpaid

Was Insured married or single at time of death? _____ If married, to whom? _____ Was the Insured ever married to any other than the above-named person? _____ If so, give the following information:

Name of Spouse	Living-Dead	Divorced	Date of Death or Divorce

If Insured had any children by any spouse, give the following information:

Name of Child	Age	Address	Living-Dead	Date of Death

Give names of children of deceased children:

Name of Child	Child of	Age	Address	Living-Dead

In case Insured left no surviving spouse and no children or descendants of deceased children, then please furnish the following information:

Name of Parents	Address	Living-Dead	Date of Death
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____

Give names of brothers and sisters of Insured:

Name	Relation	Address	Age	Living-Dead	Date of Death

Give names of children of deceased brother or sister:

Name of Child	Child of	Age	Address	Living-Dead

Subscribed and sworn to before me on the _____ day of _____, _____.
 Notary: _____ My Commission expires: _____

The above and foregoing affidavit is true and correct and we, the undersigned, being all the heirs at law of the Insured, hereby agree to indemnify and hold harmless the said Security Plan Life Insurance Company from any and all costs, reasonable attorney fees, actions, loss or damage which it may suffer by virtue of payment to me (us) under and because of the said policy of insurance.

 Heir's Signature

 Heir's Signature

 Heir's Signature

 Heir's Signature

 Heir's Signature

 Heir's Signature

 Witness Signature

 Witness Signature

 Witness Signature

 Witness Signature

 Witness Signature

 Witness Signature

SECURITY PLAN LIFE INSURANCE COMPANY



201 Railroad Avenue
P.O. Box 609
Donaldsonville, LA 70346

Customer Service: 1-800-533-9252

AFFIDAVIT FOR LOST POLICY

I, (We), the undersigned, hereby certify and upon oath represent that policy number(s) _____ for \$ _____, issued on the life of _____ the insured, has been lost or destroyed and that said policy(ies) is not or are not assigned, hypothecated or pledged in any way whatsoever; that I (we), the undersigned, am (are) the beneficiary under said policy(ies), and that the policy(ies) became a claim due to the death of the aforesaid insured, on the _____ day of _____, _____.

It is distinctly understood and agreed that should the original policy(ies) be found, it is (they are) to be returned to SECURITY PLAN LIFE INSURANCE COMPANY.

Beneficiary's Signature

Beneficiary's Signature

Date signed

Witness' Signature
