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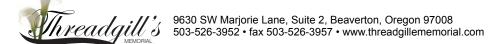
9630 SW Marjorie Lane, Suite 2, Beaverton, Oregon 97008 503-526-3952 • fax 503-526-3957 • www.threadgillememorial.com

Cremation and Disposition Authorization

Page One of Two

Notice: This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. Cremation is an irreversible and final process.

| NAME OF DECE | DENT: <u>POINTS NO</u> | T PIXELS | | SEX:□M □F |
|--|---|---|--|--|
| DATE OF BIRTH | · | DATE OF DEATH: _ | | SSN: |
| | | t") hereby authorize and recocess the human remains of | | Crematory (the "Crematory"), its |
| discretion, and accome/us. The Crema | ording to its time sched tory requires that the re | lule, as work permits, without emains be placed in a combu | obtaining any furthoustible, leak resistan | oon receipt of the remains, at its er authorization or instructions from t rigid container for cremation. The items attached to any cremation |
| Type of casket or c | remation container: | Combustible Tray | Other: | |
| Type of container re | equested for the crema | ted remains: 🔲 Plastic Tem | oorary Urn 🔲 Oth | er: |
| | | AUTHORIZATION | NC | |
| | I am the authorized I ization according to all | | edent or are otherw | vise empowered and authorized to |
| | bjection to this cremation ons made by the Dece | | parent or sibling of t | he Decedent, or of provision of any |
| Crematory or First valuables have been | Call Plus of Oregon Near removed from the relationship of valuables, in | Nortuary Services, L.L.C., as remains or I hereby order the | the Decedent. All em cremated with t | at I/we released to First Call Plus personal property, clothing and or the remains. I understand that any destroyed in the cremation process, |
| its officers, directo performance consis | rs, agent and employestent with the direction, | ees, from any claim, liability declaration, representation, | , cost or expense authorizations and a | Oregon Mortuary Services, L.L.C., resulting from their reliance on or greements herein, including but not not the decedent's |
| contained herein ar | | ese statements are being rel | | all representations and statements atory and the undersigned has read |
| | DI | SPOSITION OF CREMAT | ED REMAINS | |
| | | ent to: | | |
| [] (Initial) Cremat | ed remains will be calle | ed for by: | | |
| | | sponsible for any loss or damage of | | |
| IMP | ORTANT: ALL NEA | REST NEXT OF KIN or A | UTHORIZED PER | RSON MUST SIGN |
| GN HERE - | Signature: | | Date: | Time: |
| #1 | Print Name: | | Relationship |): |
| <i>77</i> | Address: | | Telephor | ne Nbr: |
| | City: | | State: | Zip: |
| Funeral Direct | or Signature: | | Date: | Time: |



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Cremation and Disposition Authorization

Decedent: POINTS NOT PIXELS

Page Two of Two

Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or insulin pump.

I HEREBY CERTIFY THAT REMAINS OF THE DECEDENT DOES DOES NOT CONTAIN ANY TYPE OF MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted, mechanical, radioactive devices, or surgical implants that the funeral home is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise destroy said items.

| DESCRIPTION: | | | | |
|--------------|-------------------------------------|-------|-------|--|
| SIGN HERE - | SIGNATURE OF FAMILY REPRESENTATIVE: | Date: | Time: | |

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Cremation Process

The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. 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.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as 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 or will otherwise not be recoverable. The Authorized Agent understands that arrangements must be made with the Funeral Home to remove such possessions or valuables prior to the time that the decedent is transported to the Crematory.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory makes all reasonable efforts, and uses it best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into the designated urn or container. The Crematory will make reasonable effort to put all the created remains in the urn or container, with exception of dust or other residue that might remain on the processing equipment. The Funeral Home will deliver/dispose of the urn/container containing the cremated remains as directed by the Authorized Agent. I have read and understand this disclosure concerning the Cremation Process.

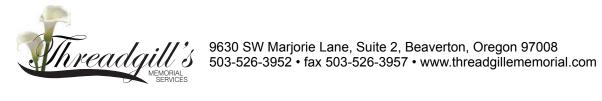
| SIGN HERE | IGN HERE | SIGNAT |
|-----------|----------|--------|
| SIGN HERE | | REPRE |

GIGNATURE OF FAMILY
REPRESENTATIVE: ______Time:______Date:_____Time:_____

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| IU# | | |
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Cremation and Disposition - Addendum

| In re the matter of: | | | |
|---|-----------------|-------------------------------|--------------------------|
| I/we understand that the cremated remains must be of cremation. | e claimed or th | e disposition arranged wit | :hin 30 days of the date |
| Additional Next of Kin (Authorized | Agents) | | |
| Print Name: | _ Relationsh | ip to Decedent: | |
| Signature: | _ Date: | Time: | |
| Address: | | Telephone Nbr: | |
| Print Name: | Relationsh | nip to Decedent: | |
| Signature: | _ Date: | Time: | |
| Address: | | Telephone Nbr: | |
| Print Name: | Relationsh | nip to Decedent: | |
| Signature: | _ Date: | Time: | |
| Address: | | Telephone Nbr: | |
| Print Name: | Relationsh | nip to Decedent: | |
| Signature: | _ Date: | Time: | |
| Address: | | Telephone Nbr: | |
| | | | |
| FUNERAL DIRECTOR SIGNATURE: | DA | TE: | _ Time: |
| Print Name: | R | elationship: <u>FUNERAL D</u> | DIRECTOR |



AUTHORIZATION TO CREMATE PROPERTY

| DATE: | FCP ld # |
|--|--|
| Decedent: | |
| To: FIRST CALL PLUS of OREGON MO | RTUARY SERVICES & FIRST CALL PLUS CREMATORY |
| I,the disposition of the following listed Oregon Mortuary Services, L. L. C. an listed property; | having the right to control or otherwise direct personal property, hereby authorize First Call Plus on the First Call Plus Crematory TO CREMATE the following |
| 1. | |
| 2. 3. | |
| 4 | |
| 5 6 | |
| 7. | |
| 8. 9. | |
| 10 | |
| 11 | |
| 12 13 | |
| 14 | |
| 15 | |
| 16 17 | |
| 18. | |
| 19 | |
| 20 | |
| LOCATION OF PROPERTY: (Circle belo | ow) |
| a. On or with the remains | |
| b. Secure storage at First Cal | |
| #1 c. Other: | |
| Family Member: | |
| Representing: | |
| | |
| Cremated by: | on (date) FCS ID # |

Instruction: This form to be filed WITH the Crematory Record on completion of the cremation and release of the cremated remains.