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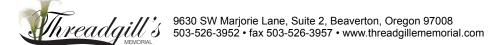
9630 SW Marjorie Lane, Suite 2, Beaverton, Oregon 97008 503-526-3952 • fax 503-526-3957 • www.threadgillememorial.com

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	JENT: Ken			SEX:LIM LIF
DATE OF BIRTH:	·	DATE OF DEATH:		_ SSN:
		ent") hereby authorize and request process the human remains of the D		s Crematory (the "Crematory"), its
discretion, and accome/us. The Crema	ording to its time sche tory requires that the	edule, as work permits, without obtain remains be placed in a combustible	aining any furtl e, leak resista	upon receipt of the remains, at its ner authorization or instructions from nt rigid container for cremation. The r items attached to any cremation
Type of casket or cr	emation container:	Combustible Tray	Other:	
Type of container re	equested for the crem	nated remains: 🔲 Plastic Temporar	y Urn 🔲 Ot	her:
		AUTHORIZATION I legal next of kin of the Deceden Il state and local laws.	t or are other	wise empowered and authorized to
	ojection to this crema		nt or sibling of	the Decedent, or of provision of any
Crematory or First valuables have bee	Call Plus of Oregon en removed from the clothing or valuables,	Mortuary Services, L.L.C., as the remains or I hereby order them of	Decedent. A cremated with	at I/we released to First Call Plus Il personal property, clothing and or the remains. I understand that any destroyed in the cremation process
its officers, director performance consis	rs, agent and emplo tent with the direction	yees, from any claim, liability, cos n, declaration, representation, autho	st or expense prizations and	of Oregon Mortuary Services, L.L.C. resulting from their reliance on or agreements herein, including but nor nof the decedent or the decedent's
contained herein are		hese statements are being relied o		all representations and statements attory and the undersigned has read
	Г	DISPOSITION OF CREMATED	REMAINS	
		sent to:		
[] (Initial) Cremate	ed remains will be ca	lled for by:		
* Funeral Home	and Crematory are not	responsible for any loss or damage of crea	mated remains sl	nipped via Common Carrier
IMPO	ORTANT: ALL NE	AREST NEXT OF KIN or AUTH	IORIZED PE	RSON MUST SIGN
IGN HERE -	Signature:		_ Date:	Time:
#1	Print Name:		_ Relationshi	p:
## 1	Address:		Telepho	ne Nbr:
Funeral Directo				



Crematio	n and	Disposition	Authorization
Decedent:	Ken	-	

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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.

#2

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	
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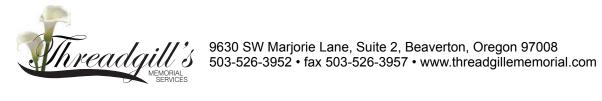
SIGNATURE OF FAMILY REPRESENTATIVE: —

Date: Time:

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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>	<u> </u>



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.