

SECTION 9 – Signatures of Service Provider and Executor or Family Representative

The **service provider** certifies by signing below that: (1) the expenses indicated represent total actual expenses for goods and services provided by the service provider, and (2) funds to which the service provider is entitled are included in the "Amount Available from Estate" and "Amount Available from Other Sources."

The **executor or family representative** certifies by signing below that the "Amount Available from Estate" and "Amount Available from Other Sources" indicated represent the total funds available from the estate and other funding sources to cover funeral, burial, cemetery, and crematory expenses of the decedent. **The executor or family representative must sign for each category of goods and services requested.**

FUNERAL HOME

SIGNATURE – Service Provider 	Date Signed
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Print Name of Service Provider 	
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SIGNATURE – Executor or Family Representative	Date Signed
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Print Name of Executor or Family Representative	
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Street Address – Executor or Family Representative	
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City	State	Zip Code	Phone Number
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Email Address – Executor or Family Representative	
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CEMETERY

☐ Cash Advanced – if checked, Service Provider initial: _____

SIGNATURE – Service Provider (if not cash advanced)	Date Signed
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Print Name of Service Provider	
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SIGNATURE – Executor or Family Representative	Date Signed
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Print Name of Executor or Family Representative	
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Street Address – Executor or Family Representative	
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City	State	Zip Code	Phone Number
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Email Address – Executor or Family Representative	
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SECTION 9 (CONTINUED) – Signatures of Service Provider and Executor or Family Representative**CREMATORY**☒ Cash Advanced – if checked, Service Provider initial: TZ**SIGNATURE** – Service Provider (if not cash advanced)

Date Signed

Print Name of Service Provider

Trever Zillmer**SIGNATURE** – Executor or Family Representative

Date Signed

Print Name of Executor or Family Representative

Street Address – Executor or Family Representative

City

State

Zip Code

Phone Number

Email Address – Executor or Family Representative

SECTION 10 – Signatures of Service Provider and Executor/Family Representative – Life Insurance Declaration

The **funeral home, cemetery, or crematory service provider** declares by signing below that inquiry was made of the executor or family representative of the existence of any life insurance policies, created on or after October 3, 2016, insuring the life of the decedent.

SIGNATURE – Service Provider

Date Signed

Print Name of Service Provider

Trever Zillmer

The **executor or family representative** declares by signing below that the service provider inquired as to the existence of any life insurance policies, created on or after October 3, 2016, insuring the life of the decedent and has disclosed all known policies on this application.

SIGNATURE – Executor or Family Representative

Date Signed

Print Name of Executor or Family Representative

Stokes & Mundt Funeral Chapels

535 S Hillcrest Parkway, Altoona, WI 54720

(P) 715-832-3428 (F) 715-832-4354

Final Itemized Funeral Home Billing Statement

Name of Decedent	
Decedent SSN	
Date of Statement	
Funeral Home Charges:	
Basic Services of Funeral Director and Staff	
Transportation	
Other:	
Other:	
Other:	
Other:	
Total	
Total Cash Advance Items	
Paid by Family	
Paid by Insurance/Other	
Total Amount Requested - Funeral Home	
Cemetery/Crematory Charges:	
Cremation	
Urn	
Other:	
Total	
Paid by Family	
Paid by Insurance/Other	
Total Amount Requested - Cemetery/Crematory	

Beth Kayhart, Business Administrator

Date



SIGNATURE Executor/Family Representative

Date

Printed Name Executor/Family Representative

Stokes & Mundt Crematory

535 S Hillcrest Parkway, Altoona, WI 54720 Phone: 715-832-1956

Final Itemized Crematory Statement

Date of Statement	
Date Services Provided	
Provider Name	Stokes & Mundt Crematory
Customer	Stokes & Mundt Funeral Chapels
Address	535 S Hillcrest Parkway, Altoona, WI 54720
Phone #	715-832-3428
Decedent Name	
Decedent SSN	
Services Performed	Cremation
Cremation Fee	\$695.00 PAID IN FULL
Urn Sale	
Other:	
Total Services Provided	

Beth Kayhart, Business Administrator
Stokes & Mundt Crematory

Date

*

SIGNATURE Executor/Family Representative

Date

Printed Name Executor/Family Representative