

Heritage Mortuary Inc.
3610 North Rancho Drive
Las Vegas, Nevada 89130
Tel: (702) 852-7464 Fax: (702) 947-4649

CREMATION AND DISPOSITION AUTHORIZATION

Heritage Mortuary Inc. and cremation service require that this Authorization Form be completed and signed prior to cremation. Please read this form carefully and ask us any questions you may have. **CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.** It is important that you understand the cremation process that is described in Section 8 of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any question about the cremation process of the other information in this form.

THE AUTHORIZATION IS NOT A STATEMENT OF A FUNERAL GOODS AND SERVICE FOR CREMATION SERVICE. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THAT SERVICE FROM THE FUNERAL HOME AND/OR CREMATORY.

PRINT ALL INFORMATION EXCEPT SIGNATURES.

1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ Date of Death: _____ Time: _____

Place of Death: _____ Sex: M / F Age: _____ Date of Birth: _____ SSN: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

(Initials) The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent (fees may apply); OR

(Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent (fees may apply); OR

(Initials) The Authorizing Agent has authorized the funeral home to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent; OR

(Initials) The Authorizing Agent has chosen not to identify the Decedent in a manner above, but has verified using an identification from a hospital, hospice, or Coroner: List: _____. Reason for not identifying above listed options:

FINGERPRINT:

(Initials) The Authorizing Agent or personal representative of the Authorized Agent requests that, if possible, a fingerprint of the Decedent be taken by the Funeral Home and/or Crematory.

COMMUNICABLE DISEASE:

(Initials) The Authorizing Agent attest that the Decedent did not die of a communicable or otherwise dangerous disease.

2. FUNERAL HOME AND CREMATORY

The authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: Heritage Mortuary	Address: 3610 N. Rancho Dr., Las Vegas, NV 89130
Name of Crematory: Hites Crematory	Address: 438 W. Sunset Rd., Henderson, NV 89011
Name of Crematory: La Paloma Funeral Services	Address: 5450 Stephanie St., Las Vegas, NV 89122
Name Of Crematory: Perfect Cremations	Address: 1961 Whitney Mesa Dr., Henderson, NV 89014

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____ Address: _____

Telephone No.: _____ Relationship: _____

4. AUTHORITY OF AUTHORIZING AGENT

As The Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am Initialing one of the following four statements accordingly. Please note by initialing below I relieve the Funeral Home from any legal obligation when providing this information.

_____ I certify that I do not have actual knowledge of any living person who has a superior right to act as Authorizing Agent. OR.
 (Initials)

_____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent; If there is more than one person authorized to order the burial or cremation of the human remains of a decedent within a particular priority class pursuant to paragraphs (d) to (h), inclusive, of subsection 1, a funeral establishment or direct cremation facility may require a majority of the members of the priority class to agree upon a disposition of the remains of the decedent. In accordance to NRS451. 024 Either Parent of the Decedent Described in section 4 in the following cases OR

_____ There is another living person(s) listed below who has superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact this person(s), but to have been unable to do so. I have no reason to believe that such a person(s) would object to the cremation of the Decedent's remains OR

_____ I have been named the Authorizing Agent by an Ex Parte Court Order.
 (Initials)

Names(s) of Other Person(s):

Name	Address	Telephone	Relationship

5. PACEMAKER, IMPLANTS, PROSTHESES AND RECYCLING OF METALS (SEE #5 BELOW)

Description of Device(s): _____

Please initial on the following statements:

_____ The remains of the Decedent do not contain any of the Devices described in #5 on the following pages.
 (Initials) OR

_____ The remains contain a radioactive implanted Device. OR
 (Initials)

_____ As Authorizing Agent, I instruct the Funeral Home and/or Crematory to remove each Device (except for a radioactive device) listed above and to charge for its service in making or arranging for such removal. Unless indicated directly below, the Funeral Home and/or Crematory is to dispose of all such Devices.
 (Initial)

The Devices listed are to be removed and returned to the Authorizing Agent:

Authorized to Recycle Metals

As Authorizing Agent, I have read and understand the Metal Recycling policy found in #5 on the following pages, of the Crematory and authorize the following action be taken by the Crematory.

(Initial) Recycling any metal that is eligible for recycling and disposal of the remaining metal with the remainder of the non-combustible material; OR

(Initial) Do not recycle the metal. Instead, dispose of it with the remainder of the non-combustible material.

6. CASKET OR ALTERNATIVE CONTAINER (SEE # 6 ON THE FOLLOWING PAGES)

Casket or Alternative Container Selected: _____

7. WITNESSES (SEE #7 ON THE FOLLOWING PAGES)

(Initials) No Witnesses OR _____
(Initials) List of Witnesses

_____ (Initials)	No Witnesses	OR	_____ (Initials)	List of Witnesses

8. CREMATION PROCESS (SEE #8 ON THE FOLLOWING PAGES)

9. AUTHORATION TO CREMATE, PROCESS AND PULVERIZE

(Initials) As Authorized Agent, I have read and understand the description of the cremation process in #8 on the following pages and authorize the cremation, processing, and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the crematory for the purpose of the cremation.

10. URN OR TEMPORARY CONTAINER (SEE #10)

(Initials) Urn selected by Authorizing Agent; Description of urn: _____.

(Initials) Standard temporary shipping container provided by Crematory.

11. FINAL DISPOSITION (PLEASE INITIAL THE OPTION SELECTED AFTER READING #11 BELOW)

The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home.

(Initials)

The Funeral Home or, in the event the cremated remains are not to the Funeral Home, the Crematory shall deliver the cremated remains of the Decedent for the Disposition as follows:

(Initials)

Deliver to _____ cemetery which with arrangements have already been made.

Deliver or release to:

Name: _____ Relationship: _____

Address: _____

Other: _____

12. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the crematory, in its sole discretion. Unless instructions for delivery to Authorizing Agent are given below.

Items to be delivered to the Authorizing Agent:

13. VISITATION AND FUNERAL CEREMONIES

Prior to the cremation of the Decedent's remains, the Authorizing Agent or the Decedent's family has arranged for visitation and/or funeral ceremony as set forth below:

Date(s): _____ Time(s): _____ Place of Ceremonies: _____

14. TIME OF CREMATION

Please initial one of the following:

(Initials)

The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing Agent. OR

(Initials)

The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: _____ Time: _____

15. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledge that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization; therefore, the Authorizing Agent declare that I/We have the right and hereby authorize the cremation of the Decedent and the disposition of the cremated remains pursuant to the regulations of the Crematory and the instructions on this form. The Authorizing Agent certifies that the information and statements contained in the authorization are accurate and no omissions of any material facts have been made. The Authorizing Agents agrees to indemnify and hold harmless the funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, cases of action or suit of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the authorization.

Executed at _____ this _____ day of _____, _____.

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Witness: _____

16. RECEIPT OF CREMATED REMAINS

DO NOT SIGN UNTIL CREMATED REMAINS ARE RELEASED

Names of Funeral Home or Crematory: Heritage Mortuary Inc.

Printed name(s) of person receiving cremated remains: _____

Name of Decedent: _____ Date of receipt: _____, 20____

Description of urn: _____ Time of Receipt: _____ AM/PM

Crematory ID Tag Number: _____

I/We acknowledge receipt of the cremated remains of the Decedent and assume responsibility for the dispositions of the cremated remains.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Printed name of Funeral Home representative: _____ Signature: _____

Copy of Photo ID and attach to file.

NRS 451.024 Persons authorized to order burial or cremation; order of priority of such persons; acceptance of legal and financial responsibility does not give rise to claim against estate or other person; transfer of authority to another person; unavailability of authorized person.

1. The following persons, in the following order of priority, may order the burial or cremation of human remains of a deceased person:

(a) A person designated as the person with authority to order the burial or cremation of the human remains of the decedent in a legally valid document or in an affidavit executed in accordance with subsection 9;

(b) If the decedent was, at the time of death, on active duty as a member of the Armed Forces of the United States, a reserve component thereof or the National Guard, a person designated by the decedent in the United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, as the person authorized to direct disposition of the human remains of the decedent.

(c) The spouse of the decedent.

(d) An adult son or daughter of the decedent.

(e) Parent of the decedent.

(f) An adult brother or sister of the decedent.

(g) A grandparent of the decedent.

(h) A guardian of the person of the decedent at the time of death; and

(i) A person who meets the requirements of subsection 2.

2. Any other person may order the burial or cremation of the human remains of the decedent if the person:

(a) Is at least 18 years of age; and

(b) Executes an affidavit affirming:

(1) That he or she knew the decedent.

(2) The length of time that he or she knew the decedent.

(3) That he or she does not know the whereabouts of any of the persons specified in paragraphs (a) to (h), inclusive, of subsection 1; and

(4) That he or she willingly accepts legal and financial responsibility for the burial or cremation of the human remains of the decedent.

3. If a person with authority to order the burial or cremation of the human remains of a decedent pursuant to paragraphs (c) to (h), inclusive, of subsection 1 has been arrested for or charged with murder, as defined in NRS 200.010, or voluntary manslaughter, as defined in NRS 200.050, in connection with the death of the decedent, the authority of the person to order the disposition of the human remains of the decedent is automatically relinquished and passes to the next person in order of priority pursuant to subsection 1.

4. If there is more than one person authorized to order the burial or cremation of the human remains of a decedent within a particular priority class pursuant to paragraphs (d) to (h), inclusive, of subsection 1, a funeral establishment or direct cremation facility may require a majority of the members of the priority class to agree upon a disposition of the remains of the decedent.

5. A person who accepts legal and financial responsibility for the burial or cremation of the human remains of a decedent as described in subparagraph (4) of paragraph (b) of subsection 2 does not have a claim against the estate of the decedent or against any other person for the cost of the burial or cremation.

6. If the deceased person was an indigent or other person for whom the final disposition of the decedent's remains is a responsibility of a county or the State, the appropriate public officer may order the burial or cremation of the remains and provide for the respectful disposition of the remains.

7. If the deceased person donated his or her body for scientific research or, before the person's death, a medical facility was made responsible for the final disposition of the person, a representative of the scientific institution or medical facility may order the burial or cremation of his or her remains.

8. A living person may order the burial or cremation of human remains removed from his or her body or the burial or cremation of his or her body after death. In the latter case, any person acting pursuant to his or her instructions is an authorized agent.

9. A person 18 years of age or older wishing to authorize another person to order the burial or cremation of his or her human remains in the event of the person's death may include such an authorization in a validly executed will or durable power of attorney or may execute an affidavit before a notary public in substantially the following form:

State of Nevada }
 }ss
County of } (Date)

I,, (person authorizing another person to order the burial or cremation of his or her human remains in the event of his or her death) do hereby designate (person who is being authorized to order the burial or cremation of the human remains of a person in the event of his or her death) to order the disposition of my human remains upon my death.

Subscribed and sworn to before me this

day of the month of of the year

.....

(Notary Public)

10. If the authorized person is not reasonably available or is unable to act as the authorized person, the right of the person to be the authorized person shall pass to the next person or category of persons in the order of priority pursuant to subsection 1.

11. It shall be presumed that an authorized person is not reasonably available to act as an authorized person in accordance with subsection 10 if the crematory, cemetery, funeral establishment or direct cremation facility, after exercising due diligence, has been unable to contact the person, or if the person has been unwilling or unable to make final arrangements for the burial or cremation of the human remains of the decedent, within 30 days after the initial contact or attempt to contact by the crematory, cemetery, funeral establishment or direct cremation facility.

12. If a person with a lower authorization priority than another person pursuant to subsection 1 has been authorized to order the burial or cremation of the human remains of a decedent and, subsequently, a person with a higher authorization priority makes an initial contact with the crematory, cemetery, funeral establishment or direct cremation facility and is available to perform the duties of an authorized person pursuant to

this section before the final disposition of the decedent, the person with the higher authorization priority is the authorized person to order the burial or cremation of the human remains of the decedent.

(Added to NRS by 2003, 1880; A 2011, 193, 197; 2015, 1966; 2017, 1698)

5. PACEMAKERS, IMPLANTS, AND PROSTHESES AND RECYCLING OF METALS

Pacemakers, radioactive implants, other implanted battery-devices, or certain prostheses may cause a hazardous condition when placed in the cremation chamber and subjected to heat. Examples of these devices include, but are not limited to the following:

- Pacemakers
- Implantable Cardioverter Defibrillators (ICDs)
- Cardiac Resynchronization Therapy Devices (CRTDs)
- Implantable Drug Pumps
- Neuro-stimulators (including for pain and functional electrical stimulation)
- Bone Growth Stimulators
- Hydrocephalus Programmable Shunts
- Fixion Nails
- Dental mercury Amalgam
- Radioactive Seeds (Brachytherapy)
- Any other battery powered implant.

As Authorizing Agent, I have listed #5 on the reverse side all devices which may have been implanted in or attached to the decedent. If radioactive implants have been used in the procedure known as Seed Brachytherapy within one year of the time of death, cremation may not be performed.

RECYCLING OF METAL POLICY:

Following the cremation process, the Crematory uses all reasonable efforts to remove from the cremated remain all non-combustible materials such as dental bridgework, dental crowns, implanted medical devices, and metal hinges, latches, and nails from the cremation container. Typically, this non-combustible material is disposed of as waste. However, in the case of certain metals that may be found in the implanted devices and dental appliances, such as titanium, gold, silver, platinum, or palladium, third party companies will recycle these types of metals that are recovered after cremation. With the express permission of the Authorizing Agent, these metals will be sent to a recycling company. The Authorizing Agent understands that the Crematory is compensated by the recycling company for retrieving the metal and shipping it to the recycling company. All such compensation paid to the Crematory shall be used to offset maintenance costs of the Crematory.

6. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. If the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some other equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

7. WITNESSES

Witnessing the cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Crematory from any liability. To the extent permitted by the Crematory, the persons listed on the reverse side are authorized to be present at the cremation room prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. If you desire witnesses, you must initial #7 on the reverse side and list their names.

8. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the decedent. Cremation is performed to prepare the remains of the decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the decedent in order to facilitate a complete and thorough cremation. Using suitable fuel, the incineration of the container and its contents is accomplished, and all substances are consumed or driven off, except bone fragment (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 possessions or valuable material, such as dental gold or jewelry (as well as anybody prostheses or dental bridgework) that are left with the remains and are not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the decedent are transported to the Crematory.

Following the cooling period, the cremated remains, which will normally weigh several pounds in the case of an average sized adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will

be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residue of previous cremations 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 material (insofar as possible) such as dental bridgework and hinges, latches and nails from the container will be separated and removed from the human bone fragments by visible and/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 human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from other material, they will be mechanically pulverized. The process of crushing and grinding may cause commingling of the remains with residue from the process of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.

10. THE URN OR TEMPORARY CONTAINER

After The cremated remains have been processed, they will be placed in the urn listed on the reverse side or, if n urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation processing.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a second container. The secondary container will be kept with the urn or temporary container and handled according to the final disposition instructions set forth in section #11 below, provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in #10 on the reverse side.

11. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs the Funeral Home or Crematory utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for final disposition, release or shipment of the cremated remains are made in this authorization, the Crematory and/or Funeral Home shall hold the cremated remains for SIXTY (60) days after the cremation. If during that SIXTY (60) day period the cremated remains are not retrieved by the person designated to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory or Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in Section #3. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within SIXTY (60) days after the cremation and Authorizing Agent has not taken delivery of or caused delivery of the cremated remain, or in the event the arrangements of the final disposition have not been carried out within the SIXTY (60) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt, or niche. The Authorizing Agent shall be liable for the cost of such disposition in a grave, crypt, or niche and shall reimburse the Crematory or Funeral Home immediately upon receipt of an invoice.