



A facsimile from

NEPTUNE SOCIETY®

Laurie Mangham
4101 Airport Freeway
Fort Worth, TX 76117

Phone: (817) 838-5100

Fax: (817) 838-5400

Email: Lmangham@neptunesociety.com

ATTN: Claudine Dombrowski
Fax number: (888) 330-2059

Date: 10/27/2008

Regarding: Paperwork for Betty G. Sales-Stumpf
Pages: 7 pages

Page -1 – Please sign and date.(Visual ID)

Page – 2 – Please sign and date very bottom. (Refuse to Embalm)

Page – 3 & 4 – Please check/initial/sign/complete where indicated (Crem. Auth.)

Page – 5 – Please indicate the total # of death certificates that you would like. Neptune does provide the first one. There is a place at the bottom of the contract for the credit card information. Please sign and date at the very bottom.

Page – 6 - Please go over the Facts of Death Verification. Please sign and date the bottom.

IT TAKES APPROXIAMETLY 7-10 BUSINESS DAYS TO COMPLETE A CREMATION FROM THE TIME ALL PAPERWORK IS RECEIVED.

Please email or fax all pages back as soon as possible, as the cremation can not take place until I have typed the death certificate and received back authorizations from the family, doctor and appropriate states agencies.

My fax number is: 1 (817) 838-5400.

Please call my office if you have any questions or concerns.

My condolences go out to you and your family at this time.

Laurie

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AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment NEPTUNE SOCIETY

Name of Deceased Betty Sales-Stumpf Date of Death 10-24-2008

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

Date Signed _____

Signature of next-of-kin or Person Responsible for making arrangements for final disposition _____

NOTE: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.

If Authorization for embalming is oral, complete the following:	
Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.	
Authorization to embalm received from	_____
Relationship to Deceased	_____
Time _____ a.m. or p.m.	Date _____
Received by	_____

If no authorization can be obtained, complete the following:

I hereby acknowledge that _____ has made a reasonable effort over a period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. _____
Name of Establishment _____
Times contact with family attempted: _____

Signature and License # of Embalmer _____

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.

*

Signature _____

Date _____

143-3-3

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AUTHORIZATION FOR CREMATION AND DISPOSITION

**NOTICE: THIS IS A LEGAL DOCUMENT, IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION
READ THIS DOCUMENT CAREFULLY BEFORE SIGNING
CREMATION IS IRREVERSIBLE AND FINAL**

NEPTUNE SOCIETY®

4101 Airport Freeway, Fort Worth, TX 76117 • Phone 817-838-5100
3425 S. Shepherd Drive, Suite 100, Houston, TX 77098 • Phone 713-533-1690
911 W. Anderson Lane, Suite 111, Austin, TX 78757 • Phone 512-323-0122

I/We (the "Authorized Agent or AA"), the undersigned, certify, warrant, and represent that as the AA, I/we have full and legal right and authority, and know of no other living person who has a superior priority right under state law to authorize the cremation, processing, and the disposition of the named Deceased below, and hereby request and authorize the Neptune Society® ("Neptune") to take possession of and make arrangements for the cremation of:

Name of Deceased: Betty G. Sales - Stampf
Date/Time of Death: 10/24/08 [] A.M. [] P.M. Date of Birth: 11/9/1946
Viewing/Funeral Service [] Yes [X] No; If Yes, Date and Time of such: _____

Authorized Agent further authorizes the Crematory to perform the cremation and agrees to indemnify, release, and hold harmless Neptune and the Crematory, and their affiliates, agents, employees, representatives and assigns from any and all loss, damages, liability, costs, expenses, or claims resulting from this Authorization (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, or Authorized Agent's failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for the disposition of such cremated remains.

RIGHT TO CONTROL THE CREMATION AND DISPOSITION: Under TEXAS HEALTH & SAFETY CODE, §711.002(a): Unless a Decedent has left directions in writing for the disposition of his or her remains, including cremation, in a Will, a prepaid funeral contract, or a written instrument signed and acknowledged by such person, the following persons, in the priority listed, have the right to control the disposition, including cremation, of the Decedent's remains, shall inter the remains, and are liable for the reasonable cost of interment:

- (1) the Person designated in a written instrument signed by the Decedent;
- (2) the Decedent's surviving spouse;
- (3) the Decedent's surviving adult children;
- (4) the Decedent's surviving parents;
- (5) the Decedent's surviving adult siblings; or
- (6) any adult person in the next degree of kinship in the order named by law to inherit the Estate of the Decedent.

AA hereby authorizes the Cremated Remains to be placed in the following urn selected: Neptune Urn

AA hereby assumes responsibility for the Cremated Remains and authorizes the Disposition or Release of the Cremated Remains as follows:

- [] Scattering at Sea by Neptune or Neptune's Agent: _____
- [X] Release to Neptune for delivery to Family Member named: (FAYE LOFTIS aunt)
- [] Deliver to Cemetery: _____
- [] Release to Family Member: _____
- [X] Ship Via U.S. Registered Mail* to: Faye Loftis
- [] Special Instructions: _____

*Neptune and Crematory are not responsible for any loss of or damage to cremated remains shipped via Registered Mail with the United States Postal Service and the Authorized Agent agrees to indemnify and hold them harmless from any and all claims related to such shipping.

Authorized Agent Name: FAYE LOFTIS Telephone: 620-9793-5627
Address: 912 Baker City: GREAT BEND State: KS Zip: 67530
Relationship: AUNT Miscellaneous contact information: _____

The cremation, processing, and disposition of the Deceased authorized herein shall be performed in accordance with all governing state and local laws and regulations, and subject to the following terms and conditions, including the rules, regulations and policies of Neptune and the Crematory:

1. The remains of the Deceased will not be accepted for cremation unless received or placed by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments, and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, AA authorizes the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. AA further authorizes Neptune or Crematory to make disposition of any such noncombustible casket in any lawful manner.

AUTHORIZATION FOR CREMATION AND DISPOSITION

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Name of Deceased Betty G. Saks - Stumpf

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2. Implanted mechanical or radioactive devices in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, AA hereby authorizes Neptune or Crematory and their agents, and employees to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. **AA HEREBY CERTIFIES THAT THE REMAINS OF THE DECEASED [] DOES OR DOES NOT CONTAIN ANY TYPE OF IMPLANTED PACEMAKER, PROSTHESIS, SILICON, MECHANICAL OR RADIOACTIVE DEVICE.** Listed below are all implanted mechanical and/or radioactive devices which Neptune is authorized to remove from the remains of the Deceased prior to cremation and dispose of as indicated. If no instruction for disposition is given, such items may be disposed of at the discretion of Neptune.

Description of Device: _____ Disposition: _____

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame.

4. Certain items including, but not limited to, body prostheses, dentures, dental fillings and bridgework, and other personal articles accompanying the remains of the Deceased, will be destroyed during the cremation process. AA further authorizes that if any items other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains, and disposed of by the Crematory.

5. AA is responsible for removing any item of value (such as jewelry) from the remains prior to the cremation process and shall hold harmless Neptune and Crematory from any liability for their destruction or loss. By initialing this paragraph, AA hereby acknowledges that no items of value were delivered with the human remains to Neptune or the Crematory. []

6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

7. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned together with the primary urn or container.

8. AA understands and acknowledges, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. AA hereby authorizes the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

9. Unless AA gives specific written instructions in this Authorization, the cremation processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

10. In the event the AA agrees to take possession, and does not take possession of the cremated remains within 121 days after the cremation or an agreed date, AA authorizes and directs Neptune or Crematory to dispose of the unclaimed cremated remains in any manner permitted under Texas law.

11. Except as set forth herein, no warranties, expressed or implied, are made by Neptune or Crematory or any of their respective affiliates, agents, or employee.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION AND DISPOSITION

The undersigned warrants that all representations and statements made herein are true and correct and Neptune and Crematory are relying on such information, and that AA has read and understands the provisions contained in this document.

* Signature: Bg Stumpf Printed Name: BB STUMPF Time/Date of Authorization: 6-2-08/AM

* Signature: _____ Printed Name: Claudine Dombrowski Relationship: Daughter

Address: PO Box 4974, Topeka, KS 66604

Funeral Home Representative Signature: Robert Sheffield Printed Name: Robert Sheffield Date Signed: 10/27/08

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NEPTUNE SOCIETY®

4101 Airport Freeway
Fort Worth, TX 76117

Tel: (817) 838-5100 Fax: (817) 838-5400

Case No. 103208 Contract No. 14013961

Deceased Betty G. Sales-Stumpf

Date of Death 10-24-08

Date of Arrangement 10-27-08

Purchaser Claudine Dombrowski

Address P O Box 4974

Topeka, KS 66604

Phone 1-785-845-3417

CASH ADVANCES

Certified Copies of Death Certificate

* 1 First Copy at \$ 21 additional copies at \$ 4 \$

Other DC Provided by Neptune (21.00)

Other _____

Other _____

TOTAL CASH ADVANCES \$ _____

We charge you for our services in obtaining: (specify cash advance items)

SUMMARY

Total Service and Merchandise Charges 1845.67

Total Cash Advances _____

Sales Tax 0

GRAND TOTAL

Less prepayments PD (1845.67)

Less Cash or Credit Card Payments _____

BALANCE DUE \$ _____

DISCLOSURES

If any legal, cemetery, or requirement has required the purchase of any of the items listed above, we will explain the requirement below:

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, the reason is explained under DISCLOSURES, at right.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangement such as direct cremation, or immediate burial. If we charged for embalming, the reason is explained under DISCLOSURES.

CHARGES FOR SERVICES SELECTED

Direct Cremation (packaged selection) 690.00

Basic Services of Funeral Director & Staff INC

Arranging and directing of local memorial service _____

Transportation of deceased INC

Additional Transportation _____

Use of licensed refrigerated holding facility INC

Refrigerated holding facility beyond 7 days _____

Crematory fee INC

Additional crematory fee in excess of 300 lbs _____

72 hour priority rush cremation service fee _____

Identification viewing at crematory _____

Witnessing of cremation _____

Delivery of cremated remains to local cemetery or residence _____

Packaging and shipping of cremated remains via mail _____

Other Retail Merch & Admin 756.67

Other Travel Protection 399.00

CHARGES FOR MERCHANDISE SELECTED

Cardboard alternative container used for cremation INC

Cremation Urn (description) Beechwood INC

Other _____

Other _____

TOTAL SERVICE & MERCHANDISE CHARGES \$1845.67
(This does not include cash advances)

Charges are made only for those items that are used. If the type of funeral selected requires extra items, we will explain the reasons in writing on this contract. In the event you wish to complain or question any of your services, you may contact us at your convenience. If any complaints can not be resolved, you may also contact the Texas Funeral Service Commission, PO Box 12217, Austin, Texas 78711. Telephone: (888) 667-4881 Fax: (512) 479-5064. The only warranty on the merchandise sold in connection with this service is the express written warranty, if any, granted by the manufacturer. THIS FACILITY MAKES NO WARRANTY OF MERCHANTABILITY AND AN IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO ANY MERCHANDISE PURCHASED.

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right or have been given permission by the next of kin to act on their behalf to arrange the final services for the deceased named on this Statement, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and a copy of this Statement of Funeral Goods and Services Selected.

TERMS OF PAYMENT

Our fees are due and payable prior to completion of services. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Credit Card Information

Name on Credit Card _____

Type of Credit Card _____

Credit Card Number _____

Expiration Date _____ Code _____

PURCHASER SIGNATURE

Signed _____

Signed _____

Date _____

Date _____

ACCEPTANCE: This establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By Rob Sheest
Neptune Representative Signature

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Facts of Death Verification

as they will appear on the Certificate of Death

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED	
BETTY GAIL SALES-STUMPF				MOORE		10/24/2008	
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO	DAYS	IF UNDER 1 DAY HOURS	MIN	6. BIRTHPLACE (City & State or Foreign Country)
FEMALE	11/09/1946	61					UNKNOWN, OK
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)		
510-48-0690		<input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Unknown					
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN		
67 ROCKY ROAD					WAXAHACHIE		
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
ELLIS		TEXAS		75167		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
OTIS B MOORE				PAULINE INGRAM			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL:		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:					
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no)			16. FACILITY NAME (If not institution, give street address)		
ELLIS		WAXAHACHIE, 75167			67 ROCKY ROAD		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
CLAUDINE DOMBROWSKI - DAUGHTER				P O BOX 4974, TOPEKA, KS 66604			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21.		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		ROBERT EMORY SHEFFIELD ,BY ELECTRONIC SIGNATURE-113358			<input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____		
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
MARTIN OAKS CREMATORY				LEWISVILLE, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City State, Zip Code)			
NEPTUNE SOCIETY-FORT WORTH				4101 AIRPORT FREEWAY, FORT WORTH, TX 76117			

EDR No. 000000474816

* Informant's Signature: _____ * Date: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)