

Affordable Cremation Services Of New York

130 Carleton Avenue
Central Islip, NY 11722
(516) 546-4626

Services For: John Milton Simon

Place of Death: Residence

Date of Death: 6/27/2013

Funeral Statement to: Vicki Simon

6 Edwards Lane

Glen Cove NY 11542

ITEMIZATION OF FUNERAL SERVICES AND MERCHANDISE SELECTED

The following are the charges for the services, merchandise, and livery you have selected. You will not be charged for any item you do not choose unless it is necessary because of other selections you have made. Any such charges are explained below.

I. FUNERAL HOME CHARGES

(Indicate N/A for items of service and/or merchandise that are not provided)

A. Alternative Services

1. Direct Cremation \$ 1,041.00
2. Direct Burial \$ N/A

B. Transfer of remains to the funeral establishment including personnel, equipment and vehicle. \$ N/A

C. Preparation of Remains

1. Embalming (including use of preparation room) \$ N/A

If you select a funeral for which this firm requires embalming such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming unless you do not approve if you select arrangements such as direct cremation or direct burial. If we charge for embalming, we will explain why below.

2. Other Preparation (including use of preparation room but excluding embalming)
a. Topical Disinfection \$ N/A
b. Custodial Care \$ N/A
c. Dressing / Casketing \$ N/A
d. Cosmetology \$ N/A
e. Restoration \$ N/A
f. Hairdressing \$ N/A
g. Other (specify) \$ N/A
h. Home transfer \$ 200.00

D. Arrangements

Basic arrangements: including funeral director, other staff, equipment and facilities to respond to initial request for service, the arrangements conference, securing of necessary authorizations and coordination of service plans with parties involved in the final disposition of the deceased. \$ N/A

E. Supervision (Funeral Director and Staff)

1. Supervision for Visitation \$ N/A
2. Supervision for Funeral Services \$ N/A
3. Supervision for Memorial Services \$ N/A
4. Supervision for Graveside Services \$ N/A
5. Other Supervision \$ N/A

F. Use of the facilities

1. Use of the facilities for visitation \$ N/A
2. Use of the facilities for the funeral \$ N/A
3. Other use of the facilities (specify) \$ N/A
..... \$ N/A

G. Livery

1. a. Hearse or \$ N/A
b. Alternative vehicle \$ N/A
(Specify Type:)
2. Flower vehicle \$ N/A
3. Limousine(s) \$ N/A
Specify number: 0 @ \$ 0.00/Limousine
4. Pallbearer Car \$ N/A
5. Passenger car(s) \$ N/A
Specify number: 0 @ \$ N/A/Car

H. Merchandise

1. Casket \$ N/A
a. Supplier:
b. Model name or
c. Material: Species of
or Kind of Metal: weight or gauge:
d. Interior
or alternative container \$ N/A
(describe)
2. Outer Interment Receptacle \$ N/A
a. Supplier
b. Model name or
c. Material
3. Urn \$ N/A
a. Description

I. Additional Service and Merchandise Selected (Describe and show price)

1. Register Book \$ N/A
2. Memorial Cards /Prayer Cards \$ N/A
3. Acknowledgment Cards \$ N/A
4. Crucifix / Cross \$ N/A
5. Flowers \$ N/A
6. Clothing or Burial Garments \$ N/A
7. Vault Company Equipment \$ N/A
8. Temporary Grave Marker \$ N/A
9. Mailing Cremated Remains + Death certificates \$ 65.00
10. \$ N/A
11. \$ N/A
12. \$ N/A
13. \$ N/A

J. Limited Services

1. Forwarding remains to \$ N/A
2. Receiving remains from \$ N/A

TOTAL OF FUNERAL HOME CHARGES \$ 1,306.00

II. Cash Advances

These are estimated charges for items to be paid to others. We will charge you no more for these items than is actually paid the third parties. (Describe and show estimated charges).

1. Nassau-Suffolk Crematory \$ 354.00
2. 15 Certified Death Cert. at 10.00 ea \$ 150.00
3. \$ N/A
4. \$ N/A
5. \$ N/A
6. \$ N/A
7. \$ N/A
8. \$ N/A
9. \$ N/A
10. \$ N/A
11. \$ N/A
12. \$ N/A

ESTIMATED TOTAL OF CASH ADVANCES \$ 504.00

III SUMMARY OF CHARGES

1. FUNERAL HOME CHARGES \$ 1,306.00
2. CASH ADVANCES \$ 504.00
TOTAL FUNERAL CHARGES \$ 1,810.00

ADDITIONS OR ALTERATIONS OF SERVICES AND MERCHANDISE SELECTED.

The following changes represent items of service and/or merchandise order altered subsequent to the original funeral agreement.

AUTHORIZATION INITIAL

..... \$ N/A
..... \$ N/A
..... \$ N/A
..... \$ N/A
..... \$ N/A
..... \$ N/A
..... \$ N/A

Total Adjustment to Funeral Charges \$ N/A

ADJUSTED TOTAL \$ 1,810.00

Credit \$ N/A

BALANCE OF FUNERAL CHARGES \$ 1,810.00

IV. EXPLANATION OF CHARGES

Explain charges for embalming and for any items that are not required by law but may be necessary because of cemetery requirements, crematory requirements or other selections made.

Signature of Licensed Funeral Director

Peter G. Moloney

Printed or Typed Name of Funeral Director

Date

Acknowledgment of Receipt

I have received this itemization of funeral services and merchandise selected and general price list.

X Signature Date
SS#

PUBLIC NOTICE: The New York State Dept. of Health is responsible for licensing and regulating New York State funeral directing under the Public Health Law. You may contact the Department at: Bureau of Funeral Directing, New York State Department of Health, Corning Tower, Empire State Plaza, Albany, New York 12237

Agreement

The foregoing statement has been ready by (to) me and I hereby acknowledge receipt of a copy of same and agree to pay the above funeral account and for such additional services and materials as are ordered by me, on or before

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The liability hereby assumed is in addition to the liability imposed by law upon the state and others, and shall not constitute a release thereof.

TERMS

This account becomes due on day of funeral unless other arrangements are made. If bill remains unpaid beyond 7/27/13 a late charge of 1.50% per month (annual rate) 18.00% may be added to the unpaid portion of the balance due. In the event that this account is turned over to an attorney for collection, I shall be liable to pay all reasonable attorney's fees incurred by Affordable Cremation Services Of New York.

Date

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Signature