



130 Carleton Avenue
Central Islip, NY 11722
Tel: (516)546-4626
Fax: (877)408-3250

AFFORDABLE CREMATION
SERVICES of New York®

www.AffordableCremationServicesNewYork.com

**AT-NEED WRITTEN STATEMENT OF PERSON
HAVING THE RIGHT TO CONTROL DISPOSITION**
(Provided to Funeral Director)
PERSON OTHER THAN AGENT

I, Claude Simon, hereby represent and
Name of Next-of-Kin, Other Person (Printed)

assert that I am entitled to control the disposition of the remains of

Vicki R. C. Simon. I further represent
Name of Decedent (Printed)

that I am the person having priority to control the disposition in accordance with Subdivision 2 of Section 4201 of the NYS Public Health Law. The order of priority set forth in Subdivision 2 of Section 4201 of the NYS Public Health Law is the following:

- * Person designated in written instrument pursuant to Section 4201;
- * Spouse;
- * Domestic Partner;
- * Children 18 or Older;
- * Either of the Parents;
- * Any Sibling 18 or Older;
- * Authorized Guardian;
- * Person 18 or older in the following order
 - * Grandchildren;
 - * Great-Grandchildren;
 - * Nieces and Nephews;
 - * Grand-nieces and Grand-nephews;
 - * Grandparents;
 - * Aunts and Uncles;
 - * First Cousins;
 - * Great-Grandchildren of Grandparents;
 - * Second Cousins;
- * Fiduciary;
- * Close friend or relative or other relative who is reasonably familiar with the decedent's wishes, including his or her religious beliefs, when no one higher on the list is available, willing, or competent to act; (NOTE: This person must complete an "At-Need Written Statement of Person Having the Right to Control Disposition" form.)
- * Public administrator (or the same official in a county not having a public administrator); or, anyone willing to act on behalf of the decedent who completes the "At-need Written Statement" form.

I also have no knowledge that the decedent executed a will containing directions for the disposition of his/her remains, or designated an agent by executing a written instrument pursuant to Section 4201 of the Public Health Law.

Date: 10/01/2018

X

Claude Simon

Signature of Agent



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CUSTOMER'S DESIGNATION OF INTENTIONS"

Name of Deceased: Vicki R. C. Simon

Cremation: _____

(Schedule Date)

Nassau-Suffolk Crematory, Lake
Ronkonkoma, NY

(Location)

Manner of Disposition of Cremains:

Burial at: _____ Return to: Claude Simon
 Entombment at: _____ Other: _____

Disposition of Cremains Designated by: X Claude Simon

(Signature)

71 Tonjes Road

(Address)

Callicoon, NY

12723

(City)

(State)

(Zip)

(912) 441-0062 (home)

(Phone)

"Cremains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition: scattering at sea. "

Danielle Hassett

(Name of Funeral Director or Undertaker)

10/01/2018

(Signature of Funeral Director or Undertaker)

(Date)

TO BE COMPLETED FOLLOWING CREMATION

LAKE RONKONKOMA, NY 11779

(Location of Crematory)

RECEIPT

CREMAINS RECEIVED:
by

Print Name

Signature of Person

Date

(Manner of Disposition)

(Location)

(Date)

(Name of Person Making Disposition)

(Signature)

(Date)

Affordable Cremation Services of New York

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

Services for: Vicki R. C. Simon

Place of Death: Glen Cove, New York

Date of Death: September 30, 2018

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 | \$641.00 |
| 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)

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 you do not approve if you select arrangements such as direct cremation or direct burial. If we charge for embalming, we will explain this to you.

N/A

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 |
| g. Other (specify) | N/A |
| h. | N/A |

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 |

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 |

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 |
| 4. Pallbearer car | N/A |
| 5. Passenger car(s) | N/A |
| 6. Lead / Clergy car(s) | N/A |

H. Merchandise

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

I. ADDITIONAL SERVICES and/or MERCHANDISE

SELECTED (Describe and show price)

| | |
|--------------------------------------|----------|
| 1. Register Book | 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. Transportation Nassau | \$250.00 |

J. LIMITED SERVICES

| | |
|---------------------------------|-----|
| 1. Forwarding remains to | N/A |
| 2. Receiving remains from | N/A |

TOTAL OF FUNERAL HOME CHARGES

\$891.00

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. 1 Death Certificate Included | (\$10.00) |
| 2. Nassau Suffolk Crematory | \$354.00 |
| 3. Death Certificate | \$10.00 |

ESTIMATED TOTAL OF CASH ADVANCES

\$354.00

III SUMMARY OF CHARGES

| | |
|------------------------------------|-------------------|
| 1. FUNERAL HOME CHARGES | \$891.00 |
| 2. CASH ADVANCES | \$354.00 |
| 3. DISCOUNTS | N/A |
| TOTAL FUNERAL CHARGES | \$1,245.00 |

ALTERATIONS

| | |
|-------------------------------------|-------------------|
| TOTAL ALTERATIONS | \$0.00 |
| CONTRACT TOTAL CHARGES | \$1,245.00 |

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.

X Signature of Licensed Funeral Director **Danielle Hassett** Date **10/01/2018**
Printed or Typed Name of Funeral Director

ACKNOWLEDGMENT OF RECEIPT
I have received this itemization of funeral services and merchandise selected.
X **Clare Simon** Signature **106-50-1158** Date **10/01/2018**

SS#
PUBLIC NOTICE: THE NEW YORK STATE DEPARTMENT 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 read 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. The liability hereby assumed is in addition to the liability imposed by law upon the estate 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 _____ a late charge of 1.5% per month (annual rate 18%) may be added to 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.

OCTOBER 1, 2018

X **Clare Simon**
Signature

CERTIFICATE OF DEATH

STATE FILE NUMBER

| |
|-------------------|
| RECORDED DISTRICT |
| REGISTER NUMBER |

OK

X

| | | | | | | | | | |
|-------------------|---|--|--|--|--|--|---|-----------------------------------|-----------|
| RESIDENCE NCHS | 1. NAME: FIRST MIDDLE LAST | | | | | | 2. SEX: MALE <input type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2 | 3A. DATE OF DEATH: MONTH DAY YEAR | 3B. HOUR: |
| | Vicki R. C. Simon | | | | | | 09 30 2018 | m | |
| 4C | 4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER (Specify): | | | | | | 4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR | | |
| 4G | 4C. NAME OF FACILITY (If not facility, give address): 6 Edwards Lane, Glen Cove, NY 11542 | | | | | | 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glen Cove | | |
| 7A | 4F. MEDICAL RECORD NO: 4G. WAS DECEASED TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state): NO <input type="checkbox"/> YES <input type="checkbox"/> | | | | | | 4E. COUNTY OF DEATH: Nassau | | |
| 7B | 5. DATE OF BIRTH: MONTH DAY YEAR 6A. AGE IN YEARS: 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province): London, England, United Kingdom | | | | | | 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: | | |
| 7C | 8. SERVED IN U.S. ARMED FORCES? (Specify years): NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 1900-1910 - 9. DECEASED OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino: A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify): | | | | | | 10. DECEASED'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (Specify): P <input type="checkbox"/> Other Asian (Specify): R <input type="checkbox"/> Other Pacific Islander (Specify): S <input type="checkbox"/> Other (Specify): | | |
| 12 | 11. DECEASED'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death: 1 <input checked="" type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade: no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree | | | | | | 14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. | | |
| 13 | 12. SOCIAL SECURITY NUMBER: 067-24-5882 | | | | | | 15C. NAME AND LOCALITY OF COMPANY OR FIRM: I Own Home | | |
| 14 | 15A. USUAL OCCUPATION: (Do not enter retired) Homemaker | | | | | | 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN: Glen Cove | | |
| 15 | 16D. STREET AND NUMBER OF RESIDENCE: 6 Edwards Lane, Glen Cove | | | | | | 16E. ZIP CODE: 11542 | | |
| 16 | 17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST Charles Claireaux | | | | | | 18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST Florrie Green | | |
| 17 | 19A. NAME OF INFORMANT: Claude Simon | | | | | | 19B. MAILING ADDRESS: (Include zip code): 71 Tonjes Road, Callicoon, NY 12723 | | |
| 18 | 20A. 1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL MONTH 4 <input type="checkbox"/> HOLD DAY 5 <input type="checkbox"/> DONATION YEAR 6 <input type="checkbox"/> ENTOMBMENT | | | | | | 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: 20C. LOCATION: (City or town and state): NASSAU-SUFFOLK CREMATORIAL LAKE RONKONKOMA, NY 11779 | | |
| 19 | 21A. NAME AND ADDRESS OF FUNERAL HOME: Affordable Cremation Services of New York 130 Carleton Ave., Central Islip, NY 11722 | | | | | | 21B. REGISTRATION NUMBER: 00029 | | |
| 20 | 22A. NAME OF FUNERAL DIRECTOR: Peter Moloney | | | | | | 22C. REGISTRATION NUMBER: 12504 | | |
| 21 | 23A. SIGNATURE OF REGISTRAR:  | | | | | | 23B. DATE FILED: MONTH DAY YEAR 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: 24B. DATE ISSUED: MONTH DAY YEAR | | |
| 22 | 25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name:  | | | | | | License No.: Signature: Month Day Year | | |
| 23 | 25B. If certifier is not a physician, enter Coroner's Physician's name & title:  | | | | | | License No.: Signature: Month Day Year | | |
| 24 | 25C. If certifier is not attending physician, enter Attending Physician's name & title:  | | | | | | Address: Month Day Year | | |
| 25 | 26A. Attending physician attended deceased: Month Day Year Month Day Year 26B. Deceased last seen alive: Month Day Year by attending physician:  | | | | | | 26C. Pronounced dead: Month Day Year Time  M | | |
| 26 | 27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION | | | | | | 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 29A. AUTOPSY? NO <input type="checkbox"/> YES <input type="checkbox"/> REFUSED 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> YES | | |
| 27 | 30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) DUE TO OR AS A CONSEQUENCE OF: (B) DUE TO OR AS A CONSEQUENCE OF: (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): | | | | | | 31. DECEASED'S ADDRESS:  CONFIDENTIAL | | |
| 28 | 31A. IF INJURY: DATE MONTH DAY YEAR HOUR: 31B. INJURY LOCALITY: (City or town and county and state): 31C. DESCRIBE HOW INJURY OCCURRED:  | | | | | | 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> PROBABLY <input type="checkbox"/> 3 <input type="checkbox"/> UNKNOWN | | |
| 29 | 32. WAS DECEASED HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES  33A. IF FEMALE: 0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within past year | | | | | | 33B. DATE OF DELIVERY: MONTH DAY YEAR | | |
| 30 | 34. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (Specify): | | | | | | 35. DID TOBACCO USE CONTRIBUTE TO DEATH? NO <input type="checkbox"/> YES <input type="checkbox"/> 2 <input type="checkbox"/> PROBABLY <input type="checkbox"/> 3 <input type="checkbox"/> UNKNOWN | | |
| 31 | 36. TIME OF DEATH: AM/PM | | | | | | 37. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| 32 | 38. NAME OF DECEASED: Vicki R. C. Simon DATE OF DEATH: 09/30/2018 | | | | | | | | |



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Authorization for Release of Cremated Remains

Date: 10/01/2018

I, Claude Simon being the Son
(Next of Kin) (Relationship)

of Vicki R. C. Simon, hereby authorize Affordable Cremation Services Of New York
(Name of Deceased)
to release the cremated remains of Vicki R. C. Simon to:
(Name of Deceased)

Name: Claude Simon Relationship: Son

Address: 71 Tonjes Road, Callicoon, NY 12723

Town/City: Callicoon State: NY Zip Code: 12723

Telephone Number: (912) 441-0062
(Please include area code)

OR

Name: _____ Relationship: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone Number: _____
(Please include area code)

Claude Simon
(Signature)

Claude Simon

(Please Print)