

Sheriff-Coroner-Public Administrator's Office

950 Maidu Avenue
Nevada City Ca 95959

LOW INCOME ASSISTANCE CREMATION PROGRAM

The Nevada County Low Income Assistance Cremation program has been designed to help families who, at this difficult time are financially unable to pay for a funeral. Upon approval, applicants are limited to direct cremation at reduced rates. The county does not supplement funds already available to the family or decedent for funeral arrangements.

Proof of Income of the applicant and co-applicant must be attached. Please furnish this office with your latest pay stub, 2 months bank statements & last year's W-2 and a copy of government issued identification (such as a Driver's License). An incomplete application will be denied.

California Health and Safety Code Section 7100 determine who has the right to make decisions concerning funeral and burial arrangements, and the responsibility to pay for these arrangements.

These persons are:

- 1.) An agent acting under a power of attorney for health care.
- 2.) The competent surviving spouse.
- 3.) The majority of surviving competent children.
- 4.) The surviving competent parent or parents.
- 5.) The majority of surviving competent siblings
- 6.) The majority of surviving competent adults in the next degree of kinship, (grandparents, aunts/ uncles, cousins).
- 7.) The Public Administrator, but **only** if the deceased's estate has sufficient funds.

Application For Low Income Assistance Cremation

Deceased Information (Proof of Income Must Be Attached)

Decedent

1. Name of Requestor _____ Relationship _____

2. Deceased's Name _____ SSN _____
(First) (Middle) (Last)

Residence _____ P.O. Box _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Age _____ Marital Status _____

Cause of Death _____ Mortuary _____

Decedent's Occupation _____ Monthly Income \$ _____

Other Source of Income _____ Monthly Amount \$ _____

Social Security \$ _____ Veteran \$ _____ Retired \$ _____ Etc. \$ _____

3. Banking Information Savings Yes No Balance \$ _____

Checking: Yes No Balance \$ _____

Name of Bank _____ Branch Location _____

Real Property:

Own? Rent? Monthly Payment \$ _____

Location _____
(Street) (City) (Zip)

Other Real Property _____
(Street) (City) (Zip)

Personal Property:

Vehicles: _____
(year) (Make) (Model)

Located at _____

_____ (year) (Make) (Model)

Located at _____ (year) (Make) (Model)

Other Assets Cash \$ _____ Checks \$ _____

Life Insurance [] Yes [] No If Yes, Name of Company _____

Face Value _____ Policy # _____ Beneficiary _____

List Next of Kin (NOK): (Attach additional pages for NOK if necessary)

1. _____ (NAME) _____ (RELATIONSHIP)

_____ (Street) _____ (City) _____ (Zip)

2. _____ (NAME) _____ (RELATIONSHIP)

_____ (Street) _____ (City) _____ (Zip)

3. _____ (NAME) _____ (RELATIONSHIP)

_____ (Street) _____ (City) _____ (Zip)

Income Information of Next of Kin (Proof of income **must** be attached – Attach additional pages for NOK if necessary)

1. Name _____ Relationship _____

DOB _____ SSN _____ Tele No. (____) _____

Address _____
(Street) _____ (City) _____ (Zip)

Marital Status _____ Number of Dependents _____

Employed [] Yes [] No Occupation _____ Monthly Income \$ _____

Employer _____

Employer's Address _____
(Street) _____ (City) _____ (Zip)

Savings Account [] Yes [] No Balance \$ _____ Checking: [] Yes [] No Balance \$ _____

Name of Bank _____ Branch Location _____

List all other sources of income or means of support and monthly Income:

Social Security \$ _____ Retirement \$ _____ Dividends \$ _____

Income Verification _____
(Most Recent Pay Stub, Proof of AFDC Soc. Sect)

Any other Assets: Yes or No If Yes,
Explain _____

2. Name _____ **Relationship** _____

DOB _____ SSN _____ Tele No. (____) _____

Address _____
(Street) (City) (Zip)

Marital Status _____ Number of Dependents _____

Employed [] Yes [] No Occupation _____ Monthly Income \$ _____

Employer _____

Employer's Address _____
(Street) (City) (Zip)

Savings Account [] Yes [] No Balance \$ _____ Checking: [] Yes [] No Balance \$ _____

Name of Bank _____ Branch Location _____

List all other sources of income or means of support and monthly Income:

Social Security \$ _____ Retirement \$ _____ Dividends \$ _____

Income Verification _____
(Most Recent Pay Stub, Soc. Securityty or Disability receipt, W-2 or tax return)

Any other Assets: Yes or No If Yes,
Explain _____

3. Name _____ **Relationship** _____

DOB _____ SSN _____ Tele No. (____) _____

Address _____
(Street) (City) (Zip)

Marital Status _____ Number of Dependents _____

Employed [] Yes [] No Occupation _____ Monthly Income \$ _____

Employer _____

Employer's Address _____
(Street) (City) (Zip)

Savings Account [] Yes [] No Balance \$ _____ Checking: [] Yes [] No Balance \$ _____

Name of Bank _____ Branch Location _____

List all other sources of income or means of support and monthly Income:

Social Security \$ _____ Retirement \$ _____ Dividends \$ _____

Income Verification _____
(Most Recent Pay Stub, Proof of AFDC Soc. Sect)

Any other Assets: Yes or No If Yes,
Explain _____

Internment:

Mortuary being used _____

Does Applicant Agree to Cremation: Yes _____ No _____

Total Cost of Burial/Cremation _____

Intended placement / disposition of Cremains _____

I do not have the means for the cremation and I am unable to contact anyone for means of assistance. Under these circumstances I hereby request and authorize for the cremation.

I declare under penalty of perjury that the statements made by me on this form are true and correct. I/we agree to repay the County of *for all aid advanced for this Burial/Cremation as stated under Division 9, Part 5, of the Welfare and Institutions Code of the State of California (copy attached).

The above statement has been thoroughly read and fully understood by me and this action is what I want to have done.

Date _____ Applicant or next of kin. _____

Date _____

COUNTY USE ONLY

Approved: [] Yes [] No Date _____ Referred to Collections [] Yes [] No

AFFIDAVIT

I, _____, _____
(Name) (Relationship)
of _____, do hereby swear or affirm that the
(Name of Deceased)
following is true and correct to the best of my knowledge and belief:

I have read §7100 and §7103 of Chapter 3, California Health and Safety Code attached to this Affidavit.

I fully understand that under the provisions of §7100 of the Code, the responsibility for interment of the above-named decedent devolves upon me.

I further understand that under the provisions of §7103 of the Code, that if I do not perform the duty imposed upon me by §7100 of the Code within a reasonable time, I am guilty of a misdemeanor, and that I am liable to pay the person performing the duty in my place, three times the expenses incurred by that person.

I hereby state that I have neither income nor assets to defray the expenses of burial of the above-named decedent, and I request that such burial be made under direction of the Nevada County Sheriff-Coroner's Office.

I understand that an investigation as to my financial ability to pay for any such interment will be made, including contact with any appropriate public or private agency, and if this statement is found to be false, I will be subject to payment of three times the cost to Nevada County for the cremation and/or interment of the above-named deceased.

Dated this _____ day of _____, .

(Signature)

(Relationship)

Witness: _____

Address: _____

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 7100-7117

7100. (a) The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral goods and services to be provided, unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named:

(1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code, except that the agent is liable for the costs of disposition only in either of the following cases:

(A) Where the agent makes a specific agreement to pay the costs of disposition.

(B) Where, in the absence of a specific agreement, the agent makes decisions concerning disposition that incur costs, in which case the agent is liable only for the reasonable costs incurred as a result of the agent's decisions, to the extent that the decedent's estate or other appropriate fund is insufficient.

(2) The competent surviving spouse.

(3) The sole surviving competent adult child of the decedent, or if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children. However, less than the majority of the surviving competent adult children shall be vested with the rights and duties of this section if they have used reasonable efforts to notify all other surviving competent adult children of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult children.

(4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent.

(5) The sole surviving competent adult sibling of the decedent, or if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings.

However, less than the majority of the surviving competent adult siblings shall be vested with the rights and duties of this section if they have used reasonable efforts to notify all other surviving competent adult siblings of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult siblings.

(6) The surviving competent adult person or persons respectively in the next degrees of kinship, or if there is more than one surviving competent adult person of the same degree of kinship, the majority of those persons. Less than the majority of surviving competent adult persons of the same degree of kinship shall be vested with the rights and duties of this section if those persons have used reasonable efforts to notify all other surviving competent adult persons of the same degree of kinship of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult persons of the same degree of kinship.

(7) The public administrator when the deceased has sufficient assets.

7103. (a) Every person, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) or Chapter 19 (commencing with Section 9600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee or registrant, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars (\$10,000), or both that imprisonment and fine.

(c) In addition, any person, registrant, or licensee described in subdivision (a) or (b) is liable to pay the person performing the duty in his or her stead treble the expenses incurred by the latter in making the interment, to be recovered in a civil action.