Angel Mountain Cremations and Memorials

(Pricing List)

Decedent Name: _____ Case Number: _____

Required Fees Which Are Excluded From Package Prices:

Terms of Payment

Payment is due in full prior to services being rendered. We accept all major credit and debit cards. A 3% merchant fee from the bank will be applied to credit cards. We also accept payment in cash (exact amount). No checks.

Basic Cremation	**$450.00**
Snohomish County EDRS Fee (all Snohomish County Deaths)	**$15.00**
King County Review Fee (required on all King County Deaths)	**$100.00**
Pierce County EDRS Fee (required on all Pierce County Deaths)	**$15.00**
DOL WA State Cremation Fee required on all Deaths in WA State	**$10.80**
Overweight (O.W.) Charge begins at 251lbs and above, starts at	**$275.00**
After Hours Pick-up and travel before 10:00am and after 4:00pm	**$475.00**
Required 2nd Removal Technician for Residential and O.W. Cases	**$350.00**
Refrigeration Fees (after 3 days)	**$100.00 per day**
Cremation Tray for standard cases	**$30.00**
Cremation Tray for O.W. cases	**$275.00**
Special disinfection & infectious disease/disaster pouch (COVID-19)	**$200.00**
Travel/Removal fee (King, Pierce, Snohomish Counties from Hospitals, Medical Examiner's)	**$385.00**
Travel/Removal Fee (King, Pierce, Snohomish Counties Residences, Care Facilities, Hospice, Nursing or Adult Family Homes)	**$475.00**
Mailing $125 for black plastic urn, $9.87 tax, and $161 mailing	**$295.87**
Pacemaker / Defibrillator or any battery-operated device (removal fee)	**$100.00 each**
Viewing: $450.00 Autopsy Repair, $200.00 disinfectant, $275.00 per 30 minutes during normal business hours, $550.00 for 2 hours after normal business hours	
Dressing and Cosmetology	**$300.00**
Witnessed Cremation (no viewing, observe start of cremation)	**$275.00**
Fingerprints or Locks of Hair	**$150.00 each**
Ashes Transfer	**$65.00**
Death Certificates ($25.00 each)	**$_____**

I have read and understand all Terms and Conditions of the Services provided by Angel Mountain Cremations and Memorials. My signature below acknowledges that I accept these terms.

Signature: _____ Relation: _____

Angel Mountain Cremations Representative: _____

Dated: _____

Overweight Fees

Tray for all persons over 250lbs	**$275.00**
251–299lbs*	**$275.00**
300–349lbs*	**$350.00**
350–499lbs*	**$675.00**
450lbs or over**	**$975.00**
*Plus 2nd Removal Technician	**$300.00**
**Plus 3rd Removal Technician	**$475.00**

Angel Mountain Cremations and Memorials
1410 7th St. Suite D2
Marysville, WA 98270
Phone: (425) 610-4164 1-888-960-7654
Fax: (425) 263-9313
Email: angelmountain@cremationsservices.com

Case Number: _____

Funeral Purchase Agreement

Name of Deceased _____ Date of Death _____

Charge To _____ Telephone _____

Buyer's Home Address _____

Charges are for those items you have selected or that are required. If we are required by law or a cemetery or crematory to use any items, we will explain the reason in writing below. If you selected a funeral that requires embalming, such as a funeral with viewing, you will be charged for embalming. Fees listed under "Cash Advances" are charges passed through to customer from outside vendor or agencies at cost.

Services		**Exception Charges**	
**Services of Director, Staff, Cremation		After Hours Removal	
Subtotal		Extra Removal Technician	
Care & Preparation of Decedent			
Embalming			
Refrigeration			
Casketing, Dressing, Cosmetology			
Hair			
Autopsy Repair		**Merchandise**	
Organ Donor		Casket Selected – Description	
Special Precaution Infectious			
Overweight Charge		Urn Selections – Description	
Subtotal			
Use of Facilities & Staff		Air Tray/Combo Unit	
Visitation/Viewing		Memorial Programs – #	
Weekend Service		Memorial Book	
Funeral Service		Flowers – Description	
Memorial Service			
Graveside Service		**TOTALS**	
Subtotal		Service of Director, Staff, Cremation	
Additional Services		Care & Preparation of Decedent	
Direct Cremation		Use of Facilities and Staff	
Motorcycle Escorts		Additional Services	
Transfer to Another Funeral		Exception Charges	
Home		Merchandise	
Van/Hearse Service		Cash Advance Charges	
Removal Fee		**Subtotal**	
Airline Scheduling & Prep Fee		Sales Tax	
Filling Client Purchased Urn		There is a 3% charge on Credit Cards	
Subtotal		**Total Amount**	

Subtotal	**Due**
Cash Advance Charges	
King County Fee ($70.00)	
Death Certificates – #	Credit Card
Mailing Cremains	Check
Air Fare	Cash
Mileage Charge	Money Order
Subtotal	**Balance Due**

AGREEMENT TERMS

This contract is final, additional fees may apply for further services or merchandise. I/we agree that I/we have reviewed all merchandise and services selected and approve of each item at the price stated. I/we accept the responsibility for all the charges listed in this contract as stated. I/we understand all services must be paid in full. No discount, refund, or return of monies paid or owed will be made if I/we decide to withdraw from receiving merchandise or services listed to be provided by Angel Mountain Cremations and Memorials.

Executed this Date: _____

Printed Name of Buyer _____ Signature _____

Printed Name of Seller _____ Signature _____

Angel Mountain Cremations

Branch Office Marysville

WAIVER OF LIABILITY FOR PERSONAL PROPERTY DAMAGE DURING REMOVAL

_____, the owner ("OWNER") of or duly named agent of the OWNER of personal property to be removed, do hereby agree to and state the following:

1. The OWNER has acknowledged that the PROPERTY will be removed by Angel Mountain Cremations Branch Office Marysville.

2. The OWNER has acknowledged that the PROPERTY may be damaged as a result of removal.

3. The OWNER has acknowledged that Angel Mountain Cremations Branch Office Marysville is not responsible for repairs of damages.

Owner's Name: _____

Address: _____

Phone: _____

Signed: _____ Date: _____ (Owner Signature)

Angel Mountain Cremations Marysville Staff Name: _____

Signed: _____ Date: _____

Angel Mountain Cremations

Branch Office Marysville

ACKNOWLEDGEMENT OF GENERAL PRICE LIST

I, (Payer Name) _____ Date: _____

I, (Payer Name) _____ Date: _____

Acknowledge that Payer(s) have read the price list and understand what all charges are for and accept the responsibility to pay them.

Payment Responsibility. Payment of all charges will be the responsibility of the Payer(s). Payer(s) shall make payment to Angel Mountain Cremations Branch Office Marysville for all services billed including disputed amounts.

Staff Witness: _____ Date: _____

Decedent Name: _____

Case: _____

Angel Mountain Cremations and Memorials
1410 7th Street, Unit D2
Marysville, WA 98270
Phone: 425-610-4164 Fax: 425-263-9313
Email: angelmountain@cremationsservices.com

NOTICE

If payment and documentation is not completed within 3 days by the family, the family will be responsible for an additional $100.00 per day fee to cover refrigeration.

This fee is listed on our General Price List (GPL).

_____

Family Member Signature **Date**

_____

Funeral Home Representative **Date**

_____

CREMATION AND DISPOSITION AUTHORIZATION ID# _____

Notice: This is a legal document that contains important provisions concerning cremation. Please read this entire document carefully before signing. *Cremation is an irreversible and final process.*

NAME OF DECEDENT: _____ SEX: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____ SSN: _____

I the undersigned (the "Authorizing agent") hereby authorize and request Angel Mountain Cremations and Memorials, Premier Mortuary Services (the "Crematory"), its agents and employees, to cremate and process the human remains of the Decedent.

Schedule & Container Requirement: The Crematory may perform the cremation upon receipt of the remains, at its discretion, and according to its time schedule, as work permits, without obtaining any further authorization or instructions from me/us. The Crematory requires that the remains be placed in a combustible, leak resistant rigid container for cremation. The Crematory is authorized to dispose of any noncombustible residue, handles or other items attached to any cremation container.

Type of casket or cremation container: [ ] Combustible Tray [ ] Other: _____

Type of container requested for the cremated remains: [ ] Plastic/Temporary Urn [ ] Cardboard box urn

Type of Urn purchased by the family: _____

(Angel Mountain Cremations & Memorials will transfer cremated remains to permanent urn)

AUTHORIZATION

I hereby state that I am the closest living next of kin of the Decedent or are otherwise empowered and authorized to execute this authorization according to all state and local laws.

I am aware of no objection to this cremation by the spouse, any child, parent or sibling of the Decedent, or of provision of any contract or instructions made by the Decedent.

I have either identified or waived my rights to identify the human remains that I/we released to Premier Mortuary Services, as the Decedent. All personal property, clothing and or valuables have been removed from the remains or I hereby order them cremated with the remains. I understand that any personal property, clothing or valuables, including dental gold, on or with the body will be destroyed in the cremation process, and therefore will not be recoverable.

I hereby agree to indemnify and hold harmless, Angel Mountain, Inc., Premier Mortuary Services, its officers, directors, agent and employees, from any claim, liability, cost or expense resulting from their reliance on or performance consistent with the direction, declaration, representation, authorizations and agreements herein, including but not limited to, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains. By execution, including initials at appropriate spaces the undersigned warrant(s) that all representations and statements contained herein are true and correct. These statements are being relied on by the Crematory and the undersigned has read and understood the provisions of this document.

Angel Mountain, Inc.
1410 7th St #D2
Marysville, WA 98270
(360) 722-3162

CREMATION AND DISPOSITION AUTHORIZATION ID# _____

DISPOSITION OF CREMATED REMAINS

Unless otherwise instructed in writing by the Authorized Agent, the cremated remains will be delivered to the Authorized Agent or made available to be picked up by the Authorized Agent at the Angel Mountain Cremations and Memorials office.

IMPORTANT: IF THE AUTHORIZED AGENT IS NOT AN INDIVIDUAL SUCH AS A SPOUSE, ALL NEXT OF KIN MUST SIGN THIS AUTHORIZATION – SEE ADDENDUM

Signature: _____ Telephone Number: _____

Print Name: _____ Relationship: _____

Address: _____

WITNESS: _____ Date: _____

Print Name: _____ Relationship: _____

Decedent: _____

Mechanical Devices and Implants: Mechanical Devices and Implants in the Decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants such as a defibrillator, cardiac pacemaker or insulin pump.

I HEREBY CERTIFY THAT REMAINS OF THE DECEDENT DO NOT CONTAIN ANY TYPE OF MECHANICAL OR RADIOACTIVE DEVICE. Initial here: _____

Listed below are all implanted, mechanical, radioactive devices, or surgical implants that the funeral home is authorized to remove from the remains of the Decedent prior to cremation and to discard or otherwise destroy said items. I/We understand that there may be a charge for this service.

DESCRIPTION: _____

SIGNATURE OF AUTHORIZED AGENT: _____

Angel Mountain, Inc.
1410 7th St #D2
Marysville, WA 98270
(360) 722-3162

CREMATION AND DISPOSITION AUTHORIZATION ID# _____

CREMATION PROCESS

The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. After approximately two and one half hours, all substances are consumed or driven off; except bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as body prostheses or dental bridgework); that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. The Authorized Agent understands that arrangements must be made with Angel Mountain, Inc. to remove such possessions or valuables prior to the time that the decedent is transported to the Crematory.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory makes all reasonable efforts, and uses its best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains. After the cremated remains have been processed, they will be placed into the designated urn or container. The Crematory will make reasonable effort to put all the cremated remains in the urn or container, with exception of dust or other residue that may remain on the processing equipment. The Funeral Home will deliver/dispose of the urn/container containing the cremated remains as directed by the Authorized Agent. I have read and understand this disclosure concerning the Cremation Process.

SIGNATURE OF AUTHORIZED AGENT: _____

Angel Mountain, Inc.
1410 7th St #D2
Marysville, WA 98270
(360) 722-3162

CREMATION AND DISPOSITION AUTHORIZATION ID# _____

Cremation and Disposition – Addendum

In regard to the matter of: _____ (deceased)

I/we understand that the cremated remains must be claimed or the disposition arranged within 30 days of the date of cremation.

Additional Next of Kin (Authorized Agents)

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

Print Name: _____ Relationship to Decedent: _____

Signature: _____ Telephone Number: _____

Address: _____

WITNESS: _____ Date: _____

Print Name: _____ Relationship: _____

Angel Mountain, Inc.
1410 7th St #D2
Marysville, WA 98270
(360) 722-3162

Death Certificate Approval Form

Please carefully review the “Information Worksheet for Washington State Certificate of Death” or “Washington State Death Worksheet” for final approval.

Inform us of any errors or omissions now, so that we may correct them prior to filing the Death Certificate.

Any errors or omissions that you do not ask us to correct will appear on the certified copies that you order. The State of Washington will charge you a fee for re-issuing any future, corrected versions of the certificate should any errors be discovered.

When the cause of death is pending, you may want to wait to order the death certificate until the medical examiner lets the family know that the cause of death has been determined and included on the death certificate.

Please note that for corrections that you may ask the funeral home to make for you after a death certificate has been certified will required a signed Affidavit of Correction with the proper supporting documentation, and photo identification for the funeral home to submit for corrections.

Please note also that Washington State Law does not allow us to alter or change the “Cause of Death” section of a certified death certificate. Should you want an amendment to that section, please contact the certifying physician directly.

****Please be advised that the funeral home will not replace or absorb the cost of any Certified copy of the Death Certificate should an error or omission be discovered after this document is signed****

Informant's Signature: _____ Date of Signature: _____