



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

Argeo Paul Cellucci
Governor

Jane Swift
Lieutenant Governor

William D. O'Leary
Secretary

Claire McIntire
Commissioner

November 30, 1999

Byron E. Blanchard
16 Round Hill Road
Lexington, MA 02420

Re: Public Records Request

Dear Mr. Blanchard:

Pursuant to your request, enclosed please find copies of 25 invoices from funeral home vendors. Identifying information has been redacted from these records. As I stated in my November 19, 1999 letter to you, the remainder of the information requested will be forthcoming.

If you have any questions, please call me at (617) 348-8520. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Tracy L. Arnold".

Tracy L. Arnold
Assistant General Counsel

enc.

Henderson's Funeral Home, Inc.
52 Hancock Street, Springfield, MA 01108- (413)737-3316

Date of Death 7 / 9 / 89

Date of Service / /

Funeral Service for: [Redacted]

Account Number: [Redacted]

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, we will explain the reasons in writing below. 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 arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below.

1. Professional Services

Table with 2 columns: Description, Amount. Rows include Basic Services of Director & Staff (\$400.00), Embalming, Other Preparation of Body, and TOTAL PROFESSIONAL SERVICES (\$400.00).

CASH ADVANCES

Table with 2 columns: Description, Amount. Rows include Certified Copies of Death Certificate, Burial Permit (\$10.00), Cremation Fee (\$270.00), Medical Examiner (\$50.00), and TOTAL CASH ADVANCES (\$330.00).

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

2. Facilities, Equipment & Staff

Table with 2 columns: Description, Amount. Rows include For Viewing/Visitation, For Funeral Ceremony at Funeral Home, For Ceremony at Church, For Memorial Service, For Graveside Service, and TOTAL FACILITIES AND STAFF EQUIPMENT.

Special Charges

Table with 2 columns: Description, Amount. Rows include Immediate Burial, Direct Cremation, Body Donation, Other Cost, and TOTAL SPECIAL CHARGES.

3. Automotive Equipment

Table with 2 columns: Description, Amount. Rows include Transfer of Remains to Funeral Home (\$125.00), Hearse (\$100.00), Limousine(s) @ \$150.00 each, Flower Car, and TOTAL AUTO EQUIPMENT (\$225.00). Also includes TOTAL SERVICE CHARGE (\$625.00).

Summary table with 2 columns: Description, Amount. Rows include TOTAL SERVICE CHARGE (\$625.00), TOTAL MERCHANDISE CHARGE (\$545.00), TOTAL CASH ADVANCES (\$330.00), TOTAL OF SPECIAL CHARGES, STATE AND LOCAL SALES TAX, and TOTAL ALL CHARGES (\$1500.00).

(If any law, cemetery or crematory requirements have required the purchase of any of the items listed above, the law or requirement is explained below.)

PAYMENT AGREEMENT

In consideration of services, merchandise, and other charges itemized in this Statement, the undersigned agrees to make payment in accordance with the Payment Option selected, and acknowledges the receipt of said Statement and a separate form describing the Payment Option, the charges, and any discounts for each Payment Option. The Payments option selected is with payment of \$ due on or before

with payment of \$ due on or before. We were shown a General Price List including Services, Casket and Outer Burial Container Prices. No claims or warranties were made that Embalming or the use of any merchandise available through this firm would delay the decomposition of the remains for a long period or indefinite time. The only warranties, either expressed or implied, granted to me/us in connection with the funeral merchandise we selected were the expressed written warranties, if any, extended by the manufacturers themselves. No other warranties were extended to me/us. We were not told that, except in certain special cases, Embalming is required by law. If the above-named deceased was embalmed, this was done with our permission. We were not told that the law requires Embalming for direct cremations, immediate burials, when a sealed casket is used or when refrigeration is available and the casket is closed during the funeral and there is no viewing or visitation. We were not told that the law requires a casket for direct cremation other than an unfinished wood box.

MERCHANDISE SELECTED

Table with 2 columns: Description, Amount. Rows include Casket Selected (\$500.00), Outer Burial Container, Acknowledgement Cards, Register Book (\$20.00), Memory Folders (\$15.00), Memory Photo Memorials, Prayer Cards, Clothing, and TOTAL MERCHANDISE SELECTED (\$545.00).

WITNESS THE HAND(S) AND SEAL(S) OF THE UNDERSIGNED THIS THE DAY OF

PURCHASER: [Redacted] (Seal)
ADDRESS: [Redacted]
TELEPHONE NUMBER:
SOCIAL SECURITY NUMBER:
EMPLOYER'S NAME:

PURCHASER:
ADDRESS:
TELEPHONE NUMBER:
SOCIAL SECURITY NUMBER:
EMPLOYER'S NAME:

SIGNATURE OF FUNERAL SERVICES LICENSEE:
License Number:

Date:
Time:

CITY BURIAL AND CREMATION SERVICE

684 State Street, Springfield, Massachusetts 01109
(413) 787-1919

May 31, 1999

[REDACTED]

This is an itemized bill for the funeral of: [REDACTED]

PROFESSIONAL SERVICES AND MERCHANDISE SELECTED

Direct Cremation (without service) \$ 895.00

Sub - Total \$ 895.00

Total Funeral Charges \$ 895.00

Payment Received \$ 0.00

Balance Due on Account (Due date: 06/26/1999) \$ \$895.00

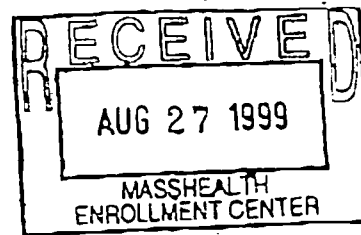
Ref No.: [REDACTED]

I certify that this is the total amount in this case and nothing has been paid to me, or charged by me, which is not included herein.


Torrie Martineau
Funeral Director

288

Arthur J. Brunelle Funeral Home
 811 CHICOPEE STREET
 CHICOPEE, MASSACHUSETTS 01013
 ARTHUR J. BRUNELLE, III, DIRECTOR



TO: Commonwealth of Massachusetts
 MASS HEALTH OFFICE
 311 STATE STREET
 SPRINGFIELD, MASS., 01105

Statement

SERVICES FOR:	FILE NO.	DATE: August 20, 1999	
	CHARGES	CREDITS	BALANCE
Services of funeral director and staff;	\$475.00		
Use of hearse and personell from residence	\$175.00		
Casket;Pine wood cloth covered	\$475.00		
Hearse for transfer to cemetery	\$175.00		
Religious Cemetery	\$100.00		
Cemetery Charges	\$100.00		
Total			\$1,500.00
paid by family		\$400.00	
Balance			\$1,100.00

I DECLARE UNDER PENALTIES OF PERJURY THAT THIS BILL REPRESENTS THE TOTAL AMOUNT OF BURIAL EXPENSE IN THIS CASE AS CHARGED BY US AND NOTHING HAS BEEN PAID TO US OR CHARGED BY US WHICH IS NOT HEREIN INCLUDED.

Arthur J. Brunelle III

Arthur J. Brunelle, III Mass. License #4813
 Funeral Director

Nowak Funeral Home Inc

15 Ludlow Ave
Indian Orchard, Massachusetts 01151

Inv

DATE	INVOICE
11/16/99	

BILL TO
Department of Transitional Assistance 310 State Street Springfield, Massachusetts 01105

DESCRIPTION	AMOUNT
Professional services, one hour viewing, embalming, transfe of remains to Funeral home, Cloth covered casket , burial permit, medical examiners fee, and cremation fee.	1,500.
Fuberal Services -	
Total	\$1,500.

NO. : 413 781 6261

Forastiere Family Funeral Homes

Colonial Forastiere Funeral Home
Agawam

Southwick Forastiere Funeral Home
Southwick

Forastiere Smith Funeral Home
East Longmeadow

Please mail correspondence to: 45 Locust Street, Springfield MA 01108

September 13, 1999

RECEIVED

OCT 22 1999

Springfield Welfare Service Office
310 State Street
Springfield, MA 01105

SPFLD - SSI UNIT

RE:

[REDACTED]
Date of death: August 31, 1999

Social Security No: [REDACTED]

COMPLETE FUNERAL SERVICES Including:

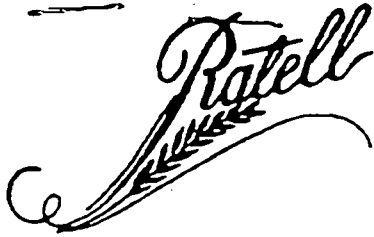
- Professional Services
- Use of Facilities,
- Casket
- Outer Burial Container
- Hearse for removal
- Hearse for funeral
- Burial Permit Fee
- Newspaper Notice

Total Cost	\$1500.00
Received from family	\$ 400.00
Anticipated from Welfare	<u>\$1100.00</u>

"I certify that this is the total amount and balance due in this case."

Signed

Frank A. Forastiere, Funeral Director



FUNERAL HOME, Inc.

200 Main Street • Indian Orchard, MA 01151-1132 • (413) 543-3836

Fed ID#04-3109567

August 19, 1999

Commonwealth of Mass.
Department of Transitional Assistance
310 State Street
Springfield, MA 01105

Funeral Expenses of:

[Redacted Name]

Deceased: August 18, 1999

Soc. Sec. [Redacted]

Professional Services, Facilities, Motor Equipment, and Casket	\$787.50
Cemetery Expenses	712.50
TOTAL	\$1,500.00
Amount received from family	-400.00
AMOUNT DUE FROM WELFARE	\$1,100.00

I declare under the penalty of perjury that this bill represents the total amount of burial expenses in this case furnished by me and nothing has been charge by me or paid to me which is not included herein.

Stephen W. Roy

Stephen W. Roy,
Funeral Director



890 East Main Street
Dalton, MA 01226
(413) 684-0142

54 Bradford Street
Pittsfield, MA 01201
(413) 443-9151

North State Road
Cheshire, MA 01225
(413) 743-3678



Dept. of Transitional Assistance
PO Box 576
Att: Jeanne Boino
Pittsfield, MA 01202

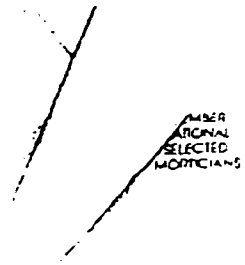
Funeral Expenses of



Date of Death: September 28, 1999
Date of Statement: October 1, 1999

Professional Services		
Direct Cremation	<u>847.00</u>	847.00
Cash Advances		
Crematory Charges	200.00	
Burial Permit	3.00	
Medical Examiner Fees	<u>50.00</u>	<u>253.00</u>
 Total Funeral Charges		 <u>1,100.00</u>
 Balance Due		 1,100.00 =====

This is to certify that the total cost of funeral services for the above-mentioned person is in compliance with the regulations of the department with regard to public assistance for such funerals and does not exceed \$1500.00 and all resources have been credited to the account as shown on the statement.



20 East Main Street
Dalton, MA 01226
(413) 684-0142



54 Bradford Street
Pittsfield, MA 01201
(413) 443-9151



North State Road
Cheshire, MA 01225
(413) 743-3678

Dept. of Transitional Assistance
PO Box 576
Pittsfield, MA 01202

Funeral Expenses of
[REDACTED]

Date of Death: May 9, 1999
Date of Statement: June 22, 1999

Professional Services		
Services, Facilities & Auto	<u>302.00</u>	302.00
Merchandise		
Casket	595.00	
Graveliner	<u>595.00</u>	1,190.00
Cash Advances		
Certified Copy	5.00	
Burial Permit Fees	<u>3.00</u>	<u>8.00</u>
Total Funeral Charges		<u>1,500.00</u>
Payment From Family	<u>-400.00</u>	<u>-400.00</u>
Balance Due		1,100.00 =====

This is to certify that the total cost of funeral services for the above-mentioned person is in compliance with the regulations of the department with regard to public assistance for such funerals and does not exceed \$1500.00 and all resources have been credited to the account as shown on the statement.

Francis J. Kennedy & Sons, Inc.
Funeral Home
 1445 RIVER STREET
 HYDE PARK, MASSACHUSETTS 02136
 (617) 361-2450 FAX (617) 364-2455

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, we will explain the reasons in writing below.

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 arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate
 1 @ \$ 5.00 each \$ 5.00
 Burial Permit \$ 5.00

Clergy _____
 Musician _____
 Paid Newspaper Notice _____
 Cemetery _____
 Other _____

TOTAL CASH ADVANCES \$ 10.00

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

SUMMARY

Total Funeral Home Charges \$ 1,090.00
 Local Sales Tax (if applicable) \$ _____
 State Sales Tax (if applicable) \$ _____
 Total Cash Advances \$ 10.00
GRAND TOTAL \$ 1,100.00

Less Credits and Payments
 \$ _____
 \$ _____
 Total Credits \$ _____

BALANCE DUE \$ 1,100.00

Billing To _____

DISCLOSURES

Reason for embalming None

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.
 None

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, 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 the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: As-presented

Full payment is due no later than Nov 3, 1999

If any payment is not paid when due, an unanticipated LATE CHARGE of 1 1/2 % per month (ANNUAL PERCENTAGE RATE 18 %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge that I have read this Statement.

Signature: _____ Date: October 3, 1999

Signature: _____ Date: _____

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

By: _____

DECEASED _____ No. _____
 DATE OF DEATH October 3, 1999
 PLACE OF DEATH _____
 DATE OF STATEMENT October 3, 1999

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff \$ 440.00
 Embalming _____
 Other preparation of body _____
 \$ 440.00

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation _____
 Use of Facilities & Staff for Funeral Ceremony _____
 Use of Facilities & Staff for Memorial Service _____
 Use of Equipment & Staff for Graveside Service _____
 Use of Equipment & Staff for Church Service _____

3. Transportation:

Tribler of Remains to Funeral Home \$ 175.00
 Hearse \$ 225.00
 Limousine _____
 Sedan _____
 Service / Utility Vehicle _____
 \$ 400.00

4. Other Services / Facilities / Equipment:

_____ \$ _____
 _____ \$ _____
 TOTAL OF SERVICES SELECTED \$ 840.00

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle) \$ 250.00
 Nameplate North East
 Material Wood
 Color Gray
 Outer Burial Container _____
 Nameplate _____
 Material _____
 Acknowledgement Cards _____
 Register Book _____
 Memory Folders / Prayer Cards _____
 Clothing _____
 Cremation Urn _____
 TOTAL OF MERCHANDISE SELECTED \$ 250.00

C. SPECIAL CHARGES

Forwarding remains to _____
 Receiving remains from _____
 Immediate Burial _____
 Direct Cremation _____
 Other _____
 TOTAL OF SPECIAL CHARGES \$ _____

TOTAL FUNERAL HOME CHARGES \$ 1,090.00

(This total does not include Cash Advances)

DATE OF BIRTH

B. JOHNSON FUNERAL HOME

PLACE OF DEATH

DATE OF DEATH 07-25-1999

SOC SEC#

196 WARREN STREET
ROXBURY, MASSACHUSETTS 02119
445-8150

BURIAL: Mt Hope Cemetery

DATE August 11, 1999

NUMBER

NAME OF DECEASED
CHARGE TO

MEMORANDUM OF ARRANGEMENTS

PROFESSIONAL SERVICES, ARRANGEMENTS & SUPERVISION	\$ 300.00
PREPARATION OF DECEASED	\$ 200.00
USE OF FACILITIES	\$ 200.00
USE OF AUTOMOTIVE EQUIPMENT	
Removal	\$ 100.00
Funeral Coach to	\$ 100.00
Passenger Cars @ \$ per car	\$
	\$
	\$
	\$
	\$
	\$
CASKET	\$ 340.00
OUTER ENCLOSURE	\$ 250.00
CLOTHING	\$
MEMORIAL CARDS, PRINTED SUPPLIES	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL OUR CHARGES	\$ 1490.00

CASH ADVANCES	SUMMARY	AGREEMENT
As a convenience, we will advance payment for the following:		<p>The foregoing memorandum has been read by (to) me, and I hereby acknowledge receipt of a copy of same and agree to pay this funeral account and such additional services and merchandise ordered by me, under the following terms of payment:</p> <p style="text-align: right;">AUG 18 1999</p> <p style="text-align: right;">MAGGIE DAVIS-YOUNG ROSLINDALE SS/MA 570 AMERICA REGION HWY ROSLINDALE, MA 02131</p> <p>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.</p> <p style="text-align: right;">(Sign)</p> <p style="text-align: right;">(Sign)</p> <p style="text-align: right;">(Sign)</p> <p>Dated _____</p>
Death Certificate Copies ()	Total Our Charges ▶ 1490.00	
Permits 10.00	Total Cash Advances ▶ 10.00	
Clergy Honorarium:	COMPLETE TOTAL ▶ 1500.00	
	Credits ▼ 400.00	
Organist	-	
Vocalist	-	
Police/Traffic Escort	-	
Flowers	-	
Halldresser	Less Total Credits ▶	
Newspaper Notices:	BALANCE DUE ▶ 1100.00	
Long Distance Telephone:		
Cemetery: DONATED		
Crematory		
Air Transportation		
Out of Town Funeral Director		
TOTAL CASH ADVANCES		

We agree to furnish all services and merchandise indicated above. Any additional services or merchandise requested after the date of this agreement will be reflected on our statement.

Maryorie Johnson
Funeral Director

Notice to Purchaser:
The only warranty on the casket and/or vault sold in connection with this funeral service is the express written warranty, if any, granted by the casket and/or vault manufacturer. This funeral establishment makes no other warranty, express or implied, with respect to the casket and vault.

JESSE L. CORBIN FUNERAL HOME, INC.
 654 CUMMINS HIGHWAY, BOSTON, MA 02126- (617)298-1155

Date of Death 3 / 2 / 99

Date of Service 3 / 4 / 99

Funeral Service for: [REDACTED]

Account Number: [REDACTED]

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, we will explain the reasons in writing below.
 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 arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below.

PROFESSIONAL SERVICES

1. Services of Funeral Director and Staff	\$ 400.00
2. Embalming (per family request)	\$ 150.00
3. Other Preparation	\$ -0-
TOTAL PROFESSIONAL SERVICES	\$ 550.00

FACILITIES AND EQUIPMENT

4. Facilities and Staff Services for Viewing	\$ -0-
5. Use of Chapel for Funeral Service	\$ -0-
6. Service & Staff Services in other Facility	\$ -0-
7. Cemetery Equipment for Committal Service	\$ -0-
8. Equipment used at the Home	\$ -0-
9. Graveside Service only	\$ -0-
10. Shelter and/or Refrigeration of Remains	\$ -0-
TOTAL FACILITIES AND STAFF EQUIPMENT	\$ -0-

AUTOMOTIVE EQUIPMENT

11. Transfer of Remains	\$ 100.00
12. Hearse	\$ 90.00
13. Family Car(s)	\$ -0-
14. Service utility vehicle (van)	\$ -0-
15. Service utility vehicle (truck)	\$ -0-
16. Other Services, Facilities, or Equipment	\$ -0-
TOTAL AUTO EQUIPMENT	\$ 190.00
TOTAL SERVICE CHARGE	\$ 740.00

MERCHANDISE SELECTED

17. Casket Selected	\$ 360.00
18. Outer Container	\$ -0-
19. Memorial Packs:	\$ -0-
a. Register Book	\$ -0-
b. Memorial Folders	\$ -0-
c. Acknowledgement Cards	\$ -0-
20. Clothing	\$ -0-
21. Additional Merchandise Selected	\$ -0-
TOTAL MERCHANDISE SELECTED	\$ 360.00

CASH ADVANCES

22. Open/Close Grave	\$ -0-
23. Paid Obituaries	\$ -0-
24. Flowers	\$ -0-
25. Other Cash Advances	\$ -0-
TOTAL CASH ADVANCES	\$ -0-

We charge you for our services in obtaining:(specify cash advance items) Burial Permits, birth and/or death certificates.

SPECIAL CHARGES

26. Forwarding of Remains	\$ -0-
27. Receiving of Remains	\$ -0-
28. Immediate Burial	\$ -0-
29. Direct Cremation	\$ -0-
30. Service beyond 4 days from date of	\$ -0-
31. Handling of additional outside	\$ -0-
TOTAL SPECIAL CHARGES	\$ -0-

TOTAL SERVICE CHARGE	\$ 740.00
TOTAL MERCHANDISE CHARGE	\$ 360.00
TOTAL CASH ADVANCE	\$ -0-
TOTAL OF SPECIAL CHARGES	\$ -0-
STATE AND LOCAL SALES TAX	\$ -0-
TOTAL ALL CHARGES	\$ 1100.00

(If any law, cemetery or crematory requirements have required the purchase of any of the items listed above, the law or requirement is explained below.)

PAYMENT AGREEMENT

In consideration of services, merchandise, and other charges itemized in this Statement, the undersigned agree to make payment in accordance with the Payment Option selected, and acknowledges the receipt of said Statement and a separate form describing the Payment Option, the charges, and any discounts for each Payment Option. The Payment option selected is _____ with payment of \$ _____ due on or before _____.

I/We were shown a General Price List including Services, Casket and Outer Burial Container Prices. No claims or warranties were made that Embalming or the use of any merchandise available through this Firm would delay the decomposition of the remains for a long period indefinite time. The only warranties, either expressed or implied, granted to me/us in connection with the funeral merchandise I/We selected were the expressed written warranties, if any, extended by the manufacturers themselves. No other warranties were made. If I/We were not told that, except in certain special cases, embalming is required by law, and if the above-named deceased was embalmed, this was done with our permission. I/We were not told that the law requires Embalming for direct cremations, immediate burials, when a sealed casket is used or when refrigeration is available and the casket is closed during the Funeral and there is no viewing or visitation.

I/We were not told that the law requires a Casket for direct cremation other than an unlined wood box.

WITNESS THE HAND(S) AND SEAL(S) OF THE UNDERSIGNED THIS THE _____ DAY OF _____

(Seal)
 PURCHASER: [REDACTED]
 ADDRESS: [REDACTED]
 TELEPHONE NUMBER: [REDACTED]
 SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S NAME: _____

(Seal)
 PURCHASER: [REDACTED]
 ADDRESS: [REDACTED]
 TELEPHONE NUMBER: [REDACTED]
 SOCIAL SECURITY NUMBER: [REDACTED]
 EMPLOYER'S NAME: _____

SIGNATURE OF FUNERAL SERVICES LICENSEE
License Number: _____

Date _____
Time: _____



Sensitive to the needs of the Jewish community since 1892

Please send to DTA in your copy

RECEIVED NOV 02 1999 DMA TEWKSBURY

1668 BEACON STREET BROOKLINE, MA 02445 (617) 232-9300 FAX (617) 734-8927 (800) 842-4280

medic deed office

Dept. of Transitional Assistance 367 East Street Tewksbury, MA 01876

For the Funeral of:

[Redacted Name]

Age: SSN:

[Redacted Age and SSN]

Date of Death: Place of Death:

October 28, 1999 [Redacted Place of Death]

Name of Cemetery:

Ahavath Achim Anshei Sfar Lynn, MA

Date Of Burial: Name of Person Requesting Services:

October 31, 1999 [Redacted Name]

Professional Services:	180.00
Casket Selected:	290.00
Grave Opening:	500.00
JCAM Grave:	285.00
Rabbi Honorarium:	150.00
Taharah:	75.00
Burial Permit:	10.00
Certified Copy:	10.00

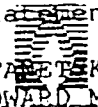
Total Fee: \$1500.00 Family Paid: 400.00

Balance Due: \$1100.00

We, Stanetsky Memorial Chapels, Inc., hereby verify the fore going bill and declare that the items contained are correct and represent the total amount of funeral charges for the above named deceased, that nothing has been charged in connection therewith which is not included therein and do declare that this

Should go to DTA office

statement is made by us under penalties of perjury.


 STANETSKY MEMORIAL CHAPELES, INC
 EDWARD M. HYMANSON
 STANETSKY
 DIRECTOR
 MEMORIAL CHAPELES

*Sensitive to the needs of the
Jewish community since 1892*

1668 BEACON STREET
 BROOKLINE, MA 02445
 (617) 232-9300
 FAX (617) 734-8927
 (800) 842-4280



DEWARE FUNERAL HOME

576 HANCOCK STREET
QUINCY, MA 02170
(617) 472-1137
FAX: (617) 472-7478

2000
105571/2

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

March 8, 1999

A. PROFESSIONAL SERVICES AND MERCHANDISE SELECTED:

Cloth covered casket & Grave box \$ 861.00

B. OTHER ITEMIZATIONS:

Mt Hope Cemetery	\$467.00	
Certified Copies of		
Death Cert.	12.00	
Health Dept Permit	10.00	
Paid Notices	150.00	
		<u>\$ 639.00</u>

TOTAL EXPENSE \$ 1500.00

Co-payment by family received on 3/16/99 400.00

REMAINING BALANCE \$ 1100.00

RECEIVED
MAR 25 1999
BOSTON MEDICAID
DORCHESTER

DONOVAN - AUFIERO FUNERAL HOME

CHARLES AUFIERO, F. D.

140 OTIS STREET
EAST CAMBRIDGE, MASSACHUSETTS 02141
TELEPHONE (617) 876-7815

SERVICES FOR: [REDACTED]

DATE: September 17, 1999

1. PROFESSIONAL SERVICES

Preparation of Deceased \$ 100.00

Staff Services, including
arrangements and direction
of all necessary details \$ _____

Casketing, dressing \$ 90.00

..... \$ _____

TOTAL FOR PROFESSIONAL SERVICES \$ 190.00

2. FUNERAL HOME FACILITIES

Funeral Service & Visiting 525.00

..... \$ _____

..... \$ _____

..... \$ _____

TOTAL FOR FUNERAL HOME FACILITIES ... \$ 525.00

3. TRANSPORTATION

Removal \$ 165.00

Funeral Coach \$ 225.00

Family Cars \$ _____

Flower Van \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

TOTAL FOR TRANSPORTATION \$ 390.00

4. MERCHANDISE

Casket \$ 350.00

Outer Enclosure \$ _____

Clothing \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

TOTAL FOR MERCHANDISE \$ 350.00

CASH ADVANCES

As a convenience to the family, we will advance payment for the following:

Clergy Honorarium \$ _____

Cemetery/Crematory \$ _____

Certified Copies \$ _____

Newspaper Notices \$ _____

Burial Permit \$ 5.00

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

TOTAL \$ 5.00

SUMMARY

Our Charges \$ 1,455.00

Tax, if applicable \$ _____

Cash Advances \$ 5.00

Less Credits (-) \$ _____

BALANCE \$ 1,460.00

The foregoing memorandum 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 such additional services and merchandise as ordered by me, on or before _____, 19____. 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.

Charles Aufiero

Brady & Fallon Funeral Service, Inc.

10 Tower Street
Boston, MA 02130-
(617)524-0861

September 29, 1999

MA. Dept. of Transitional Assistance
P.O. Box 175
Boston, MA 02121-

The Funeral Service for [REDACTED] SS# [REDACTED]

We sincerely appreciate the confidence you have placed in us and will continue to assist you in every way we can. Please feel free to contact us if you have any questions in regard to this statement.

THE FOLLOWING IS AN ITEMIZED STATEMENT OF THE SERVICES, FACILITIES, AUTOMOTIVE EQUIPMENT, AND MERCHANDISE THAT YOU SELECTED WHEN MAKING THE FUNERAL ARRANGEMENTS.

1. Professional Services:

Basic Services of Funeral Director & Staff \$300.00
Embalming \$105.00

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing/Visitation \$100.00

3. Transportation

Transfer of Remains to Funeral Home \$100.00
Hearse \$100.00

FUNERAL HOME SERVICE CHARGES \$705.00

SELECTED MERCHANDISE:

Grey Cloud \$500.00

THE COST OF OUR SERVICES, EQUIPMENT, AND MERCHANDISE THAT YOU HAVE SELECTED AT THE TIME FUNERAL ARRANGEMENTS WERE MADE, WE ADVANCED CERTAIN PAYMENTS TO OTHERS AS AN ACCOMMODATION. THE FOLLOWING IS AN ACCOUNTING FOR THOSE CHARGES.

CASH ADVANCES

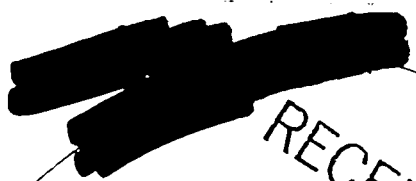
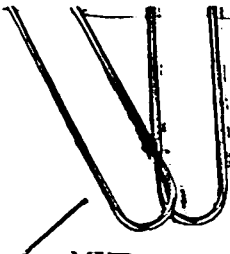
burial permit \$10.00
Forest Hills Crematory \$235.00
Medical Examiner \$50.00

TOTAL CASH ADVANCES AND SPECIAL CHARGES \$295.00

	SUB-TOTAL	\$1500.00
INITIAL PAYMENT / DISCOUNT / CREDITS		\$400.00
	TOTAL AMOUNT DUE	\$1100.00

The statement is net and payable in full on or before ~~August 10~~, 1999.

Michael T. West



MURPHY & TURNBULL FUNERAL HOME, INC.
 322 BUNKER HILL STREET
 CHARLESTOWN, MA 02129
 SINCE 1902
 (617) 242-0026



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 JUL 16 1999
 ROSLINDALE
 Funeral Expenses of
 [Redacted Name]

Date of Death: July 10, 1999
 Date of Statement: July 14, 1999

Professional Services		
Basic Services of Director & Staff	<u>495.00</u>	495.00
Use of Automotive Equipment		
Transfer of Remains locally	210.00	
Hearse to Cemetery	<u>210.00</u>	420.00
Merchandise		
Alternative Container	195.00	
Urn	<u>80.00</u>	275.00
Cash Advances		
Burial Permit Fees	10.00	
Medical Examiner Fees	<u>50.00</u>	60.00
Cemetery Sales		
Mount Auburn Cemetery	<u>250.00</u>	<u>250.00</u>
 Total Funeral Charges		 <u>1,500.00</u> =====

J.S. Waterman & Sons Eastman-Waring
 Since 1832
 Affiliated Family Funeral Homes

495 Commonwealth Ave.
 Boston, Massachusetts 02215
 (617) 536-4110

592 Washington Street
 Wellesley, Massachusetts 02181
 (617) 235-4110

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 MAY 05 1999

S. S. I. Medical Unit
 Grove Street DTA Office
 90 Washington Street
 Dorchester, MA 02121

BOSTON MEDIC/AID
 DORCHESTER

Statement Of Account
 For The Funeral Of

Date of Death: April 13, 1999
 Date of Statement: April 29, 1999

<u>Date</u>	<u>Transaction</u>	<u>Amount</u>	<u>Balance</u>
04/14/99	Original Charges & Credits		
	Basic Services of Director & Staff	300.00	
	Refrigeration	300.00	
	Dressing and Casketing	184.00	
	Transfer of Remains	200.00	
	Hearse	200.00	
	Casket	300.00	
	Certified Copies	6.00	
	Burial Permit Fees	10.00	1,500.00
	Additional Charges & Credits:		
04/15/99	Payment-MasterCard	-400.00	1,100.00
	Balance Due:		1,100.00

2000

**JOSEPH W. CASPER & SONS
FUNERAL HOME, INC.**

*187 Dorchester Street
South Boston, MA 02127-2846
Telephone (617) 269-1930
FAX (617) 269-1987*

April 25, 1999

Mary Ellen Zapata
Social Worker
398 Neponset Avenue
Dorchester, MA 02122

FUNERAL EXPENSES OF:

[REDACTED] (SSI RECIPIENT)

DATE OF FUNERAL: APRIL 9, 1999

SOCIAL SECURITY [REDACTED]

PREPARATION	\$150.00
CASKET	175.00
REMOVAL CHARGES	120.00
HEARSE	155.00
PERMIT FEE, CITY OF BOSTON	10.00
CLERGY HONORARIUM	50.00
CREMATORY CHARGES	220.00
MEDICAL EXAMINERS FEE	50.00
PROFESSIONAL SERVICES OF DIRECTOR & ASSISTANTS	170.00

TOTAL AMOUNT OF FUNERAL: \$1,100.00 2

OUR FEDERAL I.D. #04-2373765
Joseph W. Casper Funeral Home
187 Dorchester Street
South Boston, MA 02127-2846
Telephone #(617) 269-1930
Our Vendor #186759

Sixty Two Beach Street*
Massachusetts 02151
Tel 289-0623 • 284-1127
FAX 284-6937



zcode
407925/6

Vazza Funeral Homes
DiPietro & Vazza
Eleven Henry Street
East Boston, Massachusetts 02128
(617) 567-0955 FAX (617) 561-0805

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MAY 11 1999

May 3, 1999

General Relief
SSI

Services for [REDACTED]

BOSTON MEDICAID
DORCHESTER

Acct. [REDACTED] / /

PROFESSIONAL SERVICES

Basic Services of Funeral Director & Staff 540.00 540.00

USE OF MOTOR EQUIPMENT

Transfer of Remains to Funeral Home 200.00 200.00

MERCHANDISE

Casket 50.00
ALTERNATIVE 50.00

CASH DISBURSMENTS

Burial Permits 10.00
Crematory 250.00
Medical Examiner 50.00 310.00

Total Cost: \$ 1,100.00

RE: [REDACTED] died April 22, 1999
Same age 63 Cremated Woodlawn Cemetery Everett Burial REquested by
[REDACTED]

Boston, Mass

I Americo Vazza hereby verify the foregoing bill and declare that the items contained are correct and represent the total amount of the funeral charges for the funeral of the above named deceased, that nothing has been paid on account thereof and nothing has been charged in connection therewith is not included therein, and I declare that this statement is made by me under the penalties of perjury.

Di Pietro & Vazza

BY *[Signature]*

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MAY 13 1999

05-9081/9

ZC600

BOSTON MEDICAID
DORCHESTER

1668 BEACON STREET
BROOKLINE, MA 02445
(617) 232-9300
FAX (617) 734-8927
(800) 842-4280

STANETSKY
MEMORIAL CHAPELS

*Sensitive to the needs of the
Jewish community since 1892*

Dept. of Transitional Assistance
90 Washington Street
Grove Hall
Boston, MA 02121

For the Funeral of:

[REDACTED]

Age:
SSN:

[REDACTED]

Date of Death:
Place of Death:

May 9, 1999

[REDACTED]

Name of Cemetery:
City and State:

Chevra Shaas
Boston, MA

Date Of Burial:
Name of Person Requesting Services:

May 11, 1999

[REDACTED]

Professional Services:

226.00

Casket Selected:
Grave Opening:
JCAM Grave:
Rabbi Honorarium:
Taharah:
Burial Permit:
Certiified Copy:

270.00
450.00
285.00
175.00
75.00
10.00
9.00

1500

Total Fee:
Family Paid:
Balance Due:

\$1500.00
400.00
\$1100.00

Dwyer Funeral Home, Inc.

TELEPHONE 442-5094

PITTSFIELD, MASS. 01201

ROBERT E. DWYER

December 3, 19 98

D.T.A.

Service For:



FOR PROFESSIONAL SERVICES

November 12, 1998

Total Funeral Bill was \$250.00 There is no
billing for a burial plot because space was
donated.

Thank You

0-541



th Church St.
with a Liturgy of
in Notre Dame
in Southview
ms. There will be no
d by three grand-
Jacques of Port
har F. Jacques of
thleen M. Beke of
eased by brothers
Belanger, and sis-
Eugenie Marcier,
phine Collins, Julia
nd Aurore Dum-
ers, family suggests
o Boy Scouts of
funeral home.



U

STANETSKY
MEMORIAL CHAPELS

*Sensitive to the needs of the
Jewish community since 1892*

059081/9

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MAR 22 1999

**BOSTON MEDICAID
DORCHESTER**

1668 BEACON STREET
BROOKLINE, MA 02445
(617) 232-9300
FAX (617) 734-8927
(800) 842-4280

Dept. of Transitional Assistance
90 Washington Street
Grove Hall
Boston, MA 02121

2 code

For the Funeral of:

[REDACTED]

Age:

SSN:

Date of Death:

Place of Death:

March 13, 1999

[REDACTED]

Name of Cemetery:

Chevra Shaas

Boston, MA

Date Of Burial:

March 16th, 1999

Name of Person Requesting Services:

[REDACTED]

Professional Services:

216.00

Casket Selected:

280.00

Grave Opening:

450.00

JCAM Grave:

285.00

Rabbi Honorarium:

175.00

Taharah:

75.00

Certified Copy:

9.00

Burial Permit:

10.00

Total Fee:

\$1500.00

Family Paid:

400.00

Balance Due:

\$1100.00

We, Stanetsky Memorial Chapels, Inc., hereby verify the foregoing bill and declare that the items contained are correct and represent the total amount of funeral charges for the above named deceased, that nothing has been charged in connection therewith which is not included therein and do declare that this statement is made by us under penalties of perjury.

2 *One*
J. B. JOHNSON FUNERAL HOME


126 WARREN STREET
 ROXBURY, MASSACHUSETTS 02119
 445-8150

Soc. Sec. #: [REDACTED] Place of Death: [REDACTED]
 Date of Birth: [REDACTED] Dat of Death: 12-25-96
 Burial: Forest Hill Crematory
 NAME OF DECEASED: [REDACTED]
 CHARGE TO: Dept. of Public Welfare

MEMORANDUM OF ARRANGEMENTS

PROFESSIONAL SERVICES, ARRANGEMENTS & SUPERVISION	\$	<u>400.00</u>
PREPARATION OF DECEASED	\$	<u>200.00</u>
USE OF FACILITIES	\$	<u>100.00</u>
USE OF AUTOMOTIVE EQUIPMENT		
Removal	\$	75.00
Funeral Coach to	\$	125.00
Passenger Cars ____ @ \$ ____ ea.	\$
.....	\$
.....	\$
.....	\$
.....	\$
	\$	<u>200.00</u>
CASKET	\$	<u>320.00</u>
OUTER ENCLOSURE	\$
CLOTHING	\$
MEMORIAL CARDS, PRINTED SUPPLIES	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
TOTAL OUR CHARGES	\$	<u>1220.00</u>

STON MEDICAL UNIT
 P. O. BOX 175
 DORCHESTER, MA 02128
 JAN 09 1997

CASH ADVANCES		SUMMARY	AGREEMENT		
As a convenience, we will advance payment for the following:			The foregoing memorandum has been read by (to) me, and I hereby acknowledge receipt of a copy of same and agree to pay this funeral account and such additional services and merchandise ordered by me, under the following terms of payment:		
Death Certificate Copies ()		Total Our Charges		▶ 1200.00	
Permits	10.00	Total Cash Advances			▶ 280.00
Clergy Honorarium:		COMPLETE TOTAL			▶ 1500.00
		Credits:		▼ 400.00	
Organist				-	
Vocals				-	
Police Traffic Escort				-	
Flowers				-	
Hairdresser		Less. Total Credits		▶	
Newspaper Notices:		BALANCE DUE	▶ 1100.00		
Long Distance Telephone:		We agree to furnish all services and merchandise indicated above. Any additional services or merchandise requested after the date of this agreement will be reflected on our statement.			
Medical Examiner	50.00				
Crematory:	220.00	 Funeral Director			
Crematory					
Air Transportation		Notice to Purchaser: The only warranty on the casket and/or vault sold in connection with this funeral service is the express written warranty, if any, granted by the casket and/or vault manufacturer. This funeral establishment makes no other warranty, express or implied, with respect to the casket and vault.			
Out of Town Funeral Director					
TOTAL CASH ADVANCES	280.00		_____ (Seal) _____ (Seal) _____ (Seal) Dated: _____		

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Funeral Homes Since 1820

DEC 27 1995

30 Central St. BOSTON, MA 02061 DORCHESTER MA 01929-2200

460 Washington St. Brighton, MA 02135 782-9636

1 Summer St. Cohasset, MA 02025 383-0200

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for these items that are used. If we are required by law to use any items, we will explain in writing below.

If you selected a funeral which required 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 arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below,

Funeral Services for [redacted] November 30, 1995 Date of Death December 6, 1995 Date of Funeral Service

A. CHARGE FOR SERVICES SELECTED:

- 1. Professional services: Funeral Director/Staff \$500.00, Embalming \$190.00, Other preparation of body \$190.00. 2. Facilities and equipment: Use of facilities for viewing (Visitation/Wake) \$01, Use of facilities for funeral ceremony \$100.00, Other use of facilities \$100.00. 3. Automotive equipment: Transfer of remains to funeral home \$150.00, Hearse \$150.00, Use of limousine(s) \$360, Use of other automotive equipment \$360. 4. Other services/facilities/equipment

- Immediate burial \$, Direct cremation \$, TOTAL OF SPECIAL CHARGES \$

D. CASH ADVANCED

- Cemetery charges \$, Crematory charges \$, Transportation (Describe) \$, Clergy honorarium \$, Musicians honorarium \$, Flowers \$, Paid death notices \$, Certified copies of death certificates Two at \$5.00 each \$10.00, Gratuities \$, Hairdresser or barber \$, Telephone and Telegraph \$, Others \$, TOTAL CASH ADVANCED \$

B. CHARGE FOR MERCHANDISE SELECTED:

- Casket or other receptacle Blue Cloth \$400.00, Outer burial container \$, Acknowledgement cards \$, Register book(s) \$, Memory folders/prayer cards \$, Clothing \$, Cremation urn \$, Other merchandise \$, TOTAL MERCHANDISE SELECTED \$

SUMMARY OF CHARGES

- A. Services \$, B. Merchandise \$, C. Special Charges \$, D. Cash Advances \$, Total of all selections \$1500.00, Paid at time of or prior to arrangements \$, Balance due \$1500.00

C. SPECIAL CHARGES:

- Forwarding of remains to funeral home \$, Receiving of remains from funeral home \$

Reason for embalming

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law or requirement is explained below.



P.O. BOX 470
BROOKLINE, MASSACHUSETTS 02146

LEVINE
CHAPELS
Since 1853

(617) 277-8300
(800) 367-3708

NOV 05 1999

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OCT 25 1999
ROSLINDALE

October 22, 1999 ✓

Re: [REDACTED]

I, Barbara A. Levine, hereby verify the foregoing bill and declare that the items contained are correct and represent the total amount of funeral charges for the funeral of the above named deceased, that nothing has been paid on account thereof and that nothing has been charged in connection therewith which is not included therein, and I declare that this statement is made by me under the penalties of perjury.

Barbara A. Levine ✓
Barbara A. Levine
Funeral Director and Treasurer of
Levine Chapel, Inc.

SS# [REDACTED]

VENDOR CODE NUMBER
042 038 894 0009

To: Ms. Nalda Vigozzi
90 Washington Street
Dorchester, MA 02121

Funeral of [REDACTED]
Date of Death: October 12, 1999 ✓
Date of Burial: October 15, 1999 ✓

Our Services

Professional services	\$	<u>146.45</u>
Other preparation		<u>50.00</u>
Embalming		_____
Dressing & Casketing		_____
Use of Chapel for Service		_____
Staff/Equipment for Temple		_____
Refrigeration		<u>50.00</u>
Initial local removal		<u>50.00</u>
Hearse to cemetery/airport		<u>50.00</u>
Limousine(s) # of cars		_____
Add'l Removal/Extra Territorial		_____
Shrouds		_____
Talis		_____
Acknowledgment cards		_____
Air tray		_____
Vault/grave borderliner		_____
_____		_____
Casket as selected		<u>365.00</u>

NOV 05 1999

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OCT 25 1999
ROSLINDALE

\$ 711.45 ✓

Cash Advanced Items:

1 Newspaper notices Globe	53.55
Clergy Honorarium	175.00
Burial permit fee	10.00
Grave Opening fee	550.00
Amount Due	<u>\$1,500.00</u> ✓

ENCLOSE THIS BILL WITH PAYMENT IF RECEIPT IS DESIRED.
A finance charge of 1 1/2% which is an annual rate of 18% will be added to accounts over 60 days.