



*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 01109- (413)737-3316

DATE November 01, 1998

SERVICE NO. [REDACTED]

DECEASED NAME [REDACTED]

DATE OF DEATH November 01, 1998

PLACE OF DEATH [REDACTED]

Charges are only those items that you selected or that are required. If we are required by law or by a cemetery or a crematory to use any items, we will explain 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.

## STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

### A. CHARGE FOR SERVICES:

- 1. Professional Services
  - Basic Services of Director & Staff \$ 600.00
  - Embalming \$
  - Casket Preparation of Body \$
  - Cosmetology, Grooming & Dressing \$
  - \$
  - \$
  - \$
- 2. Facilities, Equipment & Staff
  - For Viewing/Visitation \$ 68.00
  - For Funeral Ceremony at Funeral \$
  - For Ceremony at Church \$
  - For Memorial Service \$
  - For Graveside Service \$
  - \$ 68.00

- 3. Automotive Equipment
  - Transfer of Remains to Funeral Home \$ 125.00
  - Hearse \$ 100.00
  - Limousine(s) @ \$150.00 each \$
  - Flower Car \$
  - \$
  - \$
  - \$
  - Additional Miles beyond 35 @ \$
  - \$
  - \$ 225.00

### B. CHARGES FOR MERCHANDISE:

- Casket \$ 500.00
- Milso Youth Casket \$
- Outer container \$
- Alternate container \$
- Acknowledgement Cards \$ 12.00
- Register Book \$ 20.00
- Memory Folders \$ 15.00
- Memory Photo Memorials \$
- Prayer Cards \$
- Clothing \$
- Cremation Urn \$
- \$
- \$
- \$
- \$
- \$
- \$ 547.00

### C. SPECIAL CHARGES:

- Forwarding of Remains to \$
- Receiving of Remains from \$
- \$
- Immediate Burial \$
- Direct Cremation \$
- Body Donation \$
- Other Cost \$
- \$

### D. CASH ADVANCES:

- Certified Copies of Death Certificate \$
- Burial Permit \$ 10.00
- Clergy Honorarium \$
- Organist \$
- Soloist \$
- Paid Newspaper Notices \$ 25.00
- Cemetery Charges - Grave Marker \$ 25.00
- Crematory Charges \$
- Medical Examiner \$
- \$
- \$
- \$
- \$
- \$
- \$

We charge you for our services in obtaining:

### SUMMARY OF CHARGES:

A. CHARGES FOR SERVICES	\$ 8
B. CHARGES FOR MERCHANDISE	\$ 5
C. SPECIAL CHARGES	\$
D. CASH ADVANCES	\$
E. SALES TAX, IF APPLICABLE	\$
<b>TOTAL FUNERAL HOME CHARGES</b>	<b>\$ 13</b>

### LESS CREDIT AND PREPAYMENTS:

Initial Deposit	\$
Burial Insurance	\$
Life Insurance	\$
Service Discount	\$
<b>TOTAL CREDIT</b>	<b>\$</b>
<b>BALANCE DUE \$</b>	<b>13</b>

The body warranty on the casket, and the outer burial container, should be made with this service as the express warranty. If any part of the merchandise is damaged, this funeral home makes no warranty, express or implied, with respect to the casket and the outer burial container.

Billing To [REDACTED]

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. Cemetery requires grave liner or vault.

Reason for Embalming Visitation

I hereby agree that I have examined the above stated items and found them to be correct and according to the arrangements requested and I hereby acknowledge receipt of a copy of memorandum and agreement. I hereby represent that I have sufficient funds and assets legally available for payment of cash price and hereby agree and covenant jointly and severally to make payments of \$ 1500.00 within 0 days. A late charge of 1.5 % per month amounting to 18 % per year is applied to the unpaid balance beginning 0 day the date of this agreement. Any additional services or merchandise ordered or requested after the date of this agreement will be considered part of this agreement and the cost therefor reflected on the final statement. I acknowledge that I have received the general price list and have been offered for review the casket price list and the outer burial container price list.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ Relationship to Deceased: Mother

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: Service Name, Amount. Includes Basic Services of Director & Staff (\$400.00), Embalming, Other Preparation of Body, and TOTAL PROFESSIONAL SERVICES (\$400.00).

CASH ADVANCES

Table with 2 columns: Service Name, Amount. Includes 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: Service Name, Amount. Includes 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: Service Name, Amount. Includes Immediate Burial, Direct Cremation, Body Donation, Other Cost, and TOTAL SPECIAL CHARGES.

3. Automotive Equipment

Table with 2 columns: Service Name, Amount. Includes 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: Service Name, Amount. Includes 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: Item Name, Amount. Includes Casket Selected (\$500.00), Outer Burial Container, Acknowledgement Cards, Register Book (\$10.00), Memory Folders (\$20.00), Memory Photo Memorials (\$15.00), 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

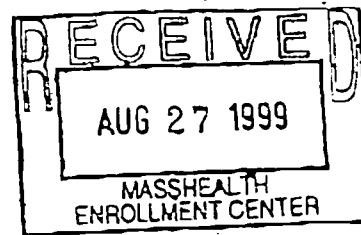
Ref No.: [REDACTED]

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: <span style="background-color: black; color: black;">[REDACTED]</span>	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:

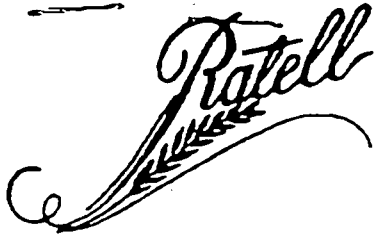
- Professional Services
- Use of Facilities,
- Casket
- Outer Burial Container
- Hearse for removal
- Hearse for funeral
- Burial Permit Fee
- Newspaper Notice

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]

Deceased: August 18, 1999

Soc. Sec. [REDACTED]

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

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,  
Funeral Director





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

54 Bradford Street  
Pinsfield, 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.

AMERICAN  
NATIONAL  
SELECTED  
MORTICIANS

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

*Dery*  
FUNERAL HOMES

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

**MAFA** MASSACHUSETTS  
FUNERAL  
DIRECTORS  
ASSOCIATION

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.

*David A. Dery*

**Francis J. Rooney & 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 received this Statement.

Signature Number: \_\_\_\_\_ Date: October 3, 1999

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

By: [Signature]

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 \_\_\_\_\_  
 Acknowledgment 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 @ \$ _____ ea. ....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
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; font-size: 2em; font-weight: bold;">AUG 18 1999</p> <p style="text-align: center; font-weight: bold;">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>
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			-	
Hot/Greaser		Less Total Credits		
Newspaper Notices:		BALANCE DUE	1100.00	
Long Distance Telephone:		<p>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.</p> <p style="font-size: 1.5em; font-family: cursive;">Marilyn Johnson</p> <p style="font-size: 0.8em;">Funeral Director</p>		
Cemetery:	DONATED	<p>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.</p>		
Crematory				
Air Transportation				
Out of Town Funeral Director				
TOTAL CASH ADVANCES				

Dated \_\_\_\_\_

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

Table with 2 columns: Description and Amount. Items include Services of Funeral Director and Staff (\$400.00), Embalming (per family request) (\$150.00), Other Preparation (\$-0-), and TOTAL PROFESSIONAL SERVICES (\$550.00).

FACILITIES AND EQUIPMENT

Table with 2 columns: Description and Amount. Items include Facilities and Staff Services for Viewing (\$-0-), Use of Chapel for Funeral Service (\$-0-), Service & Staff Services in other Facility (\$-0-), Cemetery Equipment for Committal Service (\$-0-), Equipment used at the Home (\$-0-), Graveside Service only (\$-0-), Shelter and/or Refrigeration of Remains (\$-0-), and TOTAL FACILITIES AND STAFF EQUIPMENT (\$-0-).

AUTOMOTIVE EQUIPMENT

Table with 2 columns: Description and Amount. Items include Transfer of Remains (\$100.00), Hearse (\$90.00), Family Car(s) (\$-0-), Service utility vehicle (van) (\$-0-), Service utility vehicle (truck) (\$-0-), Other Services, Facilities, or Equipment (\$-0-), and TOTAL AUTO EQUIPMENT (\$190.00).

TOTAL SERVICE CHARGE

\$ 740.00

MERCHANDISE SELECTED

Table with 2 columns: Description and Amount. Items include Casket Selected (\$360.00), Outer Container (\$-0-), Memorial Packs (Register Book, Memorial Folders, Acknowledgement Cards) (\$-0-), Clothing (\$-0-), and Additional Merchandise Selected (\$-0-). TOTAL MERCHANDISE SELECTED (\$360.00).

CASH ADVANCES

Table with 2 columns: Description and Amount. Items include Open/Close Grave (\$-0-), Paid Obituaries (\$-0-), Flowers (\$-0-), Other Cash Advances (\$-0-), and 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

Table with 2 columns: Description and Amount. Items include Forwarding of Remains (\$-0-), Receiving of Remains (\$-0-), Immediate Burial (\$-0-), Direct Cremation (\$-0-), Service beyond 4 days from date of (\$-0-), Handling of additional outside (\$-0-), and 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 \$ [Redacted] due on or before [Redacted].

(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 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 [Redacted] DAY OF [Redacted]

(Seal)

(Seal)

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

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

SIGNATURE OF FUNERAL SERVICES LICENSEE
License Number: [Redacted]

Date: [Redacted]
Time: [Redacted]



*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]

Age:  
SSN:

[REDACTED]

Date of Death:  
Place of Death:

October 28, 1999

[REDACTED]

Name of Cemetery:

Ahavath Achim Anshei Sfar  
Lynn, MA

Date Of Burial:  
Name of Person Requesting Services:

October 31, 1999

[REDACTED]

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

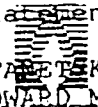
Total Fee:	\$1500.00
Family Paid:	400.00

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) 842-4286



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	<u>150.00</u>	
		<u>\$ 639.00</u>

TOTAL EXPENSE \$ 1500.00

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

REMAINING BALANCE \$ 1100.00

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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, 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.

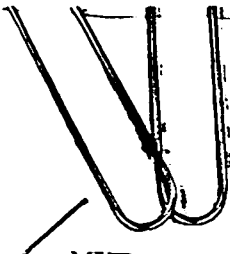
THE FOLLOWING IS AN ITEMIZED STATEMENT OF THE SERVICES, FACILITIES, AUTOMOTIVE EQUIPMENT, AND MERCHANDISE THAT YOU SELECTED WHEN MAKING THE FUNERAL ARRANGEMENTS.

<b>1. Professional Services:</b>	
Basic Services of Funeral Director & Staff	\$300.00
Embalming	\$105.00
<b>2. Facilities, Equipment &amp; Staff:</b>	
Use of Facilities & Staff for Viewing/Visitation	\$100.00
<b>3. Transportation</b>	
Transfer of Remains to Funeral Home	\$100.00
Hearse	\$100.00
<b>FUNERAL HOME SERVICE CHARGES</b>	<b>\$705.00</b>
<b>SELECTED MERCHANDISE:</b>	
Grey Cloud	\$500.00
<b>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.</b>	<b>\$1205.00</b>
<b>CASH ADVANCES</b>	
burial permit	\$10.00
Forest Hills Crematory	\$235.00
Medical Examiner	\$50.00
<b>TOTAL CASH ADVANCES AND SPECIAL CHARGES</b>	<b>\$295.00</b>

	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	495.00	495.00
Use of Automotive Equipment		
Transfer of Remains locally	210.00	
Hearse to Cemetery	210.00	420.00
Merchandise		
Alternative Container	195.00	
Urn	80.00	275.00
Cash Advances		
Burial Permit Fees	10.00	
Medical Examiner Fees	50.00	60.00
Cemetery Sales		
Mount Auburn Cemetery	250.00	250.00
 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 MEDICAL  
 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

~~XXXXXXXXXXXXXXXXXXXX~~

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May 3, 1999

MAY 11 1999

BOSTON MEDICAID  
DORCHESTER

General Relief

SSI

Services for [REDACTED]

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

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MAY 13 1999

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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**

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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:

[REDACTED]  
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:  
Casket Selected:  
Grave Opening:  
JCAM Grave:  
Rabbi Honorarium:  
Taharah:  
Certified Copy:  
Burial Permit:

216.00  
280.00  
450.00  
285.00  
175.00  
75.00  
9.00  
10.00

Total Fee:  
Family Paid:

\$1500.00  
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 chargees 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.

*Cher*  
**J. B. JOHNSON FUNERAL HOME**

126 WARREN STREET  
 ROXBURY, MASSACHUSETTS 02119  
 445-8150

Soc. Sec. #: [REDACTED] Place of Death: [REDACTED]  
 Date of Birth: [REDACTED] Date of Death: 12-25-96  
 Burial: Forest Hill Crematory  
 NAME OF DECEASED: [REDACTED]  
 CHARGE TO: Dep't. 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. ....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
CASKET .....	\$	<u>320.00</u>
OUTER ENCLOSURE .....	\$	.....
CLOTHING .....	\$	.....
MEMORIAL CARDS, PRINTED SUPPLIES .....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
.....	\$	.....
TOTAL OUR CHARGES .....	\$	<u>1220.00</u>

P. O. BOX 175  
 DORCHESTER, MA 02122  
 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:  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.
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			-	
Vocalist			-	
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.   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.		
Medical Examiner	50.00			
Crematory:	220.00			
Crematory				
Air Transportation				
Out of Town Funeral Director				
TOTAL CASH ADVANCES	280.00			

\_\_\_\_\_(Seal)  
 \_\_\_\_\_(Seal)  
 \_\_\_\_\_(Seal)  
 Dated: \_\_\_\_\_

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DEC 27 1995

OF M  
McNamara PUBL  
Sparrell

Funeral Homes  
Since 1820

30 Central St.  
BOSTON, MA 02061  
DORCHESTER 659-2200

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,

[Redacted] \_\_\_\_\_ November 30, 1995 \_\_\_\_\_ December 6, 1995 \_\_\_\_\_  
Funeral Services for \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Funeral Service \_\_\_\_\_

A. CHARGE FOR SERVICES SELECTED:

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

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

NOV 05 1999  
RECEIVED  
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 1.12% which is an annual rate of 18% will be added to accounts over 60 days.