

Cemetery Reserve/Burial Form (ver. 03/01/2018)

Decedent Reservation _____ or Burial ✓

First Carolyn Middle Jean

Last Name Holt

Maiden Name: Holt Nickname: _____

Date of Birth: 2-6-1941 Date of Death: 3-30-2020 Date of Burial: 4/9/20

Time of Eulogy/Mass: _____ Time of Burial: 10:00 am

REPRESENTATIVE / RESPONSIBLE PARTY FOR PAYMENT

Name: Jensen's Mortuary Relation to Decedent: Funeral Home

Address: 5515 S. Hwy 92 City Sierra Vista State AZ ZIP 85650

Cell Phone: _____ Home Phone: 520-378-4895

Email address: jsvm@coc.net

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><input type="checkbox"/> Plot Previously Reserved and Paid For</td> <td style="width:20%;"></td> <td style="width:20%; text-align: right;">\$000.00</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Resident</td> <td></td> <td style="text-align: center;">Non-Resident</td> </tr> <tr> <td><input type="checkbox"/> Full Size Plot Purchase</td> <td style="text-align: right;">\$500.00</td> <td></td> <td style="text-align: right;">\$600.00</td> </tr> <tr> <td><input type="checkbox"/> Full Size Plot w/4 Cremains</td> <td style="text-align: right;">\$500.00</td> <td></td> <td style="text-align: right;">\$600.00</td> </tr> <tr> <td><input type="checkbox"/> Full Size Plot – 8 Cremains</td> <td style="text-align: right;">\$500.00</td> <td></td> <td style="text-align: right;">\$600.00</td> </tr> <tr> <td><input type="checkbox"/> Cremains – Single plot</td> <td style="text-align: right;">\$250.00</td> <td></td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td colspan="4" style="text-align: center;"><u>SERVICES</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Open & Close: Full Size (Machine)</td> <td></td> <td style="text-align: right;">\$300.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open & Close: Full Size (Hand Dug)</td> <td></td> <td style="text-align: right;">\$600.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open & Close: Cremains</td> <td></td> <td style="text-align: right;">\$150.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open & Close: Baby Plot (Machine)</td> <td></td> <td style="text-align: right;">\$150.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open & Close: Baby Plot (Hand Dug)</td> <td></td> <td style="text-align: right;">\$300.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open Only: Full Size (Machine)</td> <td></td> <td style="text-align: right;">\$150.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open Only: Cremains</td> <td></td> <td style="text-align: right;">\$ 75.00</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;"><u>OTHER</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Maintenance Fee</td> <td></td> <td style="text-align: right;">\$100.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Weekend or Holiday Burial</td> <td></td> <td style="text-align: right;">\$100.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Double Deep</td> <td></td> <td style="text-align: right;">\$100.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Less than 2 days notice (\$100/day x _____ days)</td> <td></td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL:</td> <td style="text-align: right;">\$ <u>400</u> —</td> <td></td> </tr> </table>	<input type="checkbox"/> Plot Previously Reserved and Paid For		\$000.00			Resident		Non-Resident	<input type="checkbox"/> Full Size Plot Purchase	\$500.00		\$600.00	<input type="checkbox"/> Full Size Plot w/4 Cremains	\$500.00		\$600.00	<input type="checkbox"/> Full Size Plot – 8 Cremains	\$500.00		\$600.00	<input type="checkbox"/> Cremains – Single plot	\$250.00		\$250.00	<u>SERVICES</u>				<input checked="" type="checkbox"/> Open & Close: Full Size (Machine)		\$300.00		<input type="checkbox"/> Open & Close: Full Size (Hand Dug)		\$600.00		<input type="checkbox"/> Open & Close: Cremains		\$150.00		<input type="checkbox"/> Open & Close: Baby Plot (Machine)		\$150.00		<input type="checkbox"/> Open & Close: Baby Plot (Hand Dug)		\$300.00		<input type="checkbox"/> Open Only: Full Size (Machine)		\$150.00		<input type="checkbox"/> Open Only: Cremains		\$ 75.00		<u>OTHER</u>				<input checked="" type="checkbox"/> Maintenance Fee		\$100.00		<input type="checkbox"/> Weekend or Holiday Burial		\$100.00		<input type="checkbox"/> Double Deep		\$100.00		<input type="checkbox"/> Less than 2 days notice (\$100/day x _____ days)		\$ _____		TOTAL:		\$ <u>400</u> —		<p>Date Paid: _____</p> <p>_____ Visa / Check / Cash</p> <p>_____ If check – Check # _____</p>
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GRAVESITE

Section Letter: R Row No. 333 Plot No. 23

Cremains (Full Size Coffin) / Plot with coffin & 4 cremains / Plot with 8 cremains

To be buried with: _____ Relation: _____

Is other person already buried? Yes / No

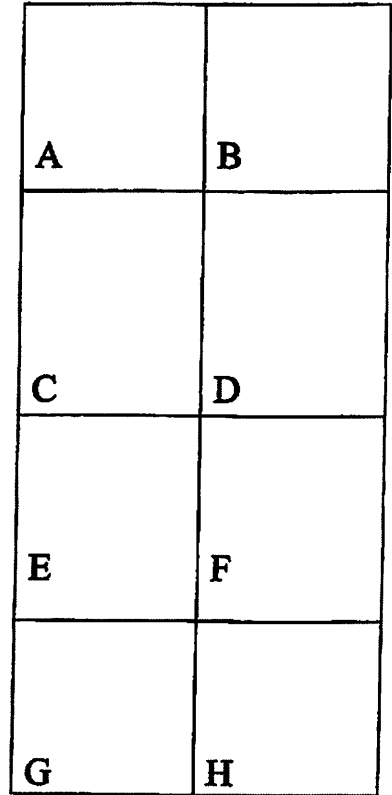
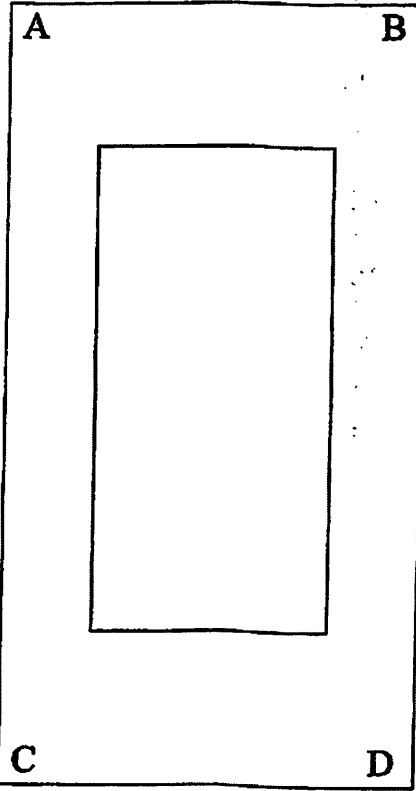
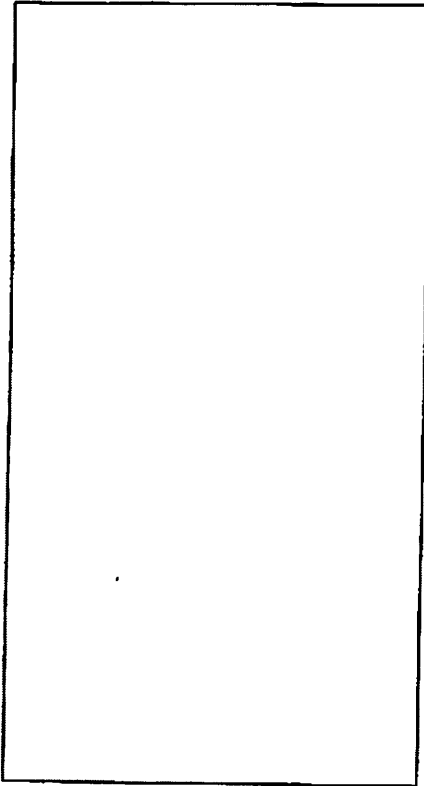
Who _____ Relation _____

Grave to be dug double deep: No / Yes / Already is

Additional Info/Special Instructions:

Funeral home from Sierra Vista will
lower casket. This grave was provided
since 2 remain in original Plot
(N-252-42).

Plot Plan



___ 4x8 Casket Plot
or
___ 3x3 Cremation Plot

___ 4x8 Plot w/casket &
4 Cremins

___ 8 Cremins Plot

Approved by Family Member: Greg Pfeff
Print

Sign [Signature]

4-2-20
Date

Approved by Public Works
Print

Sign _____

Date _____

AZ Department of Health Services Office of Vital Records DEATH REGISTRATION WORKSHEET

This form is for the collection of the data needed to complete the Arizona Certificate of Death. *This is not a death certificate.* Arizona Revised Statute §36-342. Disclosure of information; prohibition A. The state registrar may provide information contained in vital records to persons, including federal, state, local and other agencies, as required by law and for statistical or research purposes. B. Except as authorized by law, a local registrar, a deputy local registrar or the state registrar or their employees shall not: 1. Permit inspection of a vital record or evidentiary document supporting the vital record. 2. Disclose information contained in a vital record. 3. Transcribe or issue a copy of all or part of a vital record.

ORIGINAL STATE COPY DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS STATE OF ARIZONA CERTIFICATE OF DEATH State File Number

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)		3. DATE OF DEATH	
CAROLYN, JEAN, HOLT				03/30/2020	
4. SEX	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE		
FEMALE	526-13-3264	02/06/1941	79 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
TUCSON, PIMA, 85712					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
ANGELA'S ASSISTED LIVING - 5721 E WAVERLY STREET					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
SAVANNA, OKLAHOMA		NEVER MARRIED		NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
5721 E WAVERLY STREET, TUCSON, PIMA, AZ, 85712					
14. DECEDENT'S HISPANIC ORIGIN(S)		15. DECEDENT'S RACE(S)		16. EVER IN ARMED FORCES	
				NO	
17. OCCUPATION					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)		
EUGENE, HOLT			MARJORIE HANLIN		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				21. RELATIONSHIP	
CARLETA HEUMANN				COUSIN	
22. INFORMANT'S MAILING ADDRESS					
419 SCHOONER LANE, MT. JULIET, TN, 37122					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25. LICENSE NUMBER	
JENSEN'S SIERRA VISTA MORTUARY 5515 S HIGHWAY 92, SIERRA VISTA, AZ, 85650		GREGORY PFAFF		FUN-001354	
26. METHOD(S) OF DISPOSITION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
BURIAL		EVERGREEN CEMETERY - BISBEE BISBEE, AZ, US			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH				30. APPROXIMATE INTERVAL	
SENILE DEGENERATION OF THE BRAIN				1+ YEARS	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				35. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38. INJURY?	39. INJURY AT WORK?	40. MANNER OF DEATH	
		NO		NATURAL DEATH	
		41. TIME OF DEATH	42. WAS AN AUTOPSY PERFORMED?	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		09:42	NO		
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH		45. DATE CERTIFIED	
		MICHELLE RAFFERTY		03/31/2020	
46. CERTIFIER'S ADDRESS					
3901 W OASIS DRIVE, TUCSON, AZ, 85742					

Date Registered: Date Issued: 04/01/2020 VS-49 Rev. 12/2017

I Attest The Information Provided On This Form Is Accurate, True And Valid To The Best Of My Knowledge.

Next of Kin or Representatives Attestation, Date Signed Funeral Director Attestation, Date Signed

If there is an error, I the Next of Kin or Authorized Representative understand that I will have to Pay (not the funeral home) for Corrected Copies in addition to the Original Order. Cochise County Health Dept. Current Fees; Document Correction fee \$30 + Corrected Certified Copies \$20.00 each.

JENSENS SIERRA VISTA MORTUARY

5515 S. Highway 92
Sierra Vista, AZ 85650
(520) 378-4895 - Fax (520) 378-4896
E-Mail - jsvm@cox.net

AUTHORIZATION TO PREPARE REMAINS

Deceased: Carolyn Holt Date of Death: 03/30/2020

Date of Authorization: 04/01/2020

Family Viewing? Yes No _____ Initial

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements such as funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

Permission is hereby granted to Jensens Sierra Vista Mortuary to embalm the remains of the deceased by an embalmer and/or registered apprentice, duly licensed, in this facility, or other facility recognized to be fully in accordance to Arizona Statute. It is hereby acknowledged that a charge for embalming and other preparation of the remains that I/We further authorize will be incurred.

I/We authorize Jensens Sierra Vista Mortuary to refrigerate the remains of the deceased as a recognized alternative to embalming. It is hereby acknowledged that a charge for refrigeration will be incurred.

In consideration for my/our request for an ID viewing for immediate family members, I hereby authorize Jensens Sierra Vista Mortuary to provide minimum preparation of the remains prior to cremation or burial. This preparation includes, setting facial features and if necessary, bathing of the remains, aspiration of excess fluid or gases from the remains. It does not include embalming. It is hereby acknowledged that a charge for minimum preparation will be Incurred because of this authorization.

(Signature)

(Witness)

TELEPHONE AUTHORIZATION TO EMBALM REFRIGERATION

Name: Carleta Heumann Relationship: Cousin

Address: 419 Schooner Ln

Telephone#- 615-758-2899

Date: 04/01/2020 Time: 10:02 am

Authorization received by: _____