

INTERMENT ORDER ADDENDUM

Concerning the requested interment of: _____

in: lot / wall _____, Niche / unit: _____, Buddhist Memorial Columbarium

in: Grave / Stupa _____, Lot _____ Stupa Garden _____
(same as grave /stupa) (North, East, South, West)

Interment Order # _____

SIGNATURE AND INDEMNITY

I/we have read and understand sections 7100 and 7100.1 of the Health and Safety Code of the State of California found on the reverse of this Order and represent that (initial and complete one):

A. _____ I am _____ (friend, relative, etc) who is following written instructions left by the decedent (attach copy of written instructions)

B. _____ The decedent left no written instructions and I am an agent under a durable power of attorney for health care executed pursuant to Division 4.7 (commencing with Section 4600) of the Probate Code.

C. _____ The decedent left no written instructions nor named an agent under a durable power of attorney for health care and I am the surviving competent spouse of the decedent.

D. The decedent left no written instructions and there are no persons or agents as described in part A,B, or C above and _____ I am the sole surviving competent adult child; or

_____/_____/_____/_____ We constitute a majority of the surviving competent adult children; or

_____/_____/_____/_____ I/We have used reasonable efforts to notify all other surviving competent adult children of these instructions and are not aware of any opposition to these instructions on the part of one-half or more of all surviving competent adult children.

E. The decedent left no written instructions and there are no persons or agents described in part A,B, or C or D above and:

_____/_____ We are surviving competent parent(s) of the decedent; or

_____ I am the sole surviving competent parent of the decedent; or

_____ I am one of the surviving competent parents of the decedent and have been unsuccessful in locating the absent competent parent; or

F. The decedent left no written instructions and there are no persons or agents as described in part A,B,C,D, or E above and

_____ I am the surviving competent adult _____, which is the next degree of kindred of the decedent or _____ (relationship)

_____/_____/_____/_____ We constitute the majority of the surviving competent adult _____ which is the next degree of kindred; or

_____/_____/_____/_____ I/we have used reasonable efforts to notify all other surviving competent adult _____, which is the next degree of kindred, of these instructions and am/are not aware of any opposition to these instructions on the part of one-half or more of all surviving competent adult persons of this same degree of kindred.

G. _____ The decedent left no written instructions and there are no persons or agents as described in parts A, B, C, D, E or F above and I am a public administrator.

I/we declare under penalty of perjury that the foregoing is true and correct, and that I/we make this statement to induce Rose Hills to inter the above named decedent subject to its Rules and Regulations. I/we agree to hold harmless and indemnify and defend Rose Hills against any claims, liabilities or damages which may result from this authorization and order including, but not limited to, claims, liabilities or damages resulting from delivery, shipping, identity, kinship, other persons claiming rights to control the disposition of the remains, or any other cause.

Furthermore, in the event of the displacement of, or damage to, the container and/or the above named decedent contained therein, as a result of strikes, insurrection, invasion, riot, war, order of any military or civil authority, order of court, act of God, or by any other contingency or reason outside the normal course of events, the person(s) authorizing the above interment hereby authorizes and instructs Rose Hills to correct the aforementioned displacement or damage in a manner which is reasonably commensurate with the condition of the burial container, casket and/or decedent following the displacement or damage.

The person(s) signing below represent that they have legal right to control disposition of the remains under California Health & Safety Code S7100 (see reverse)

X _____

Printed Name: _____

Relationship: _____

Phone Number:() _____

Date Signed: _____

X _____

Printed Name: _____

Relationship: _____

Phone Number:() _____

Date Signed: _____

X _____

Printed Name: _____

Relationship: _____

Phone Number:() _____

Date Signed: _____

X _____

Printed Name: _____

Relationship: _____

Phone Number:() _____

Date Signed: _____