

Authorization to Collect Fingerprint

Name of Decedent (the "Decedent"): MCKEE, Nancy
LAST, First Middle

Date of Birth: 03/21/1936 Date of Death: 09/04/2020 Case ID#: 46888821

Name/Loc. # of Funeral Home (the "Funeral Home"): Hockemeyer & Miller Funeral Home / 1595

Address 6131 St Joe Road, City Fort Wayne, IN 46835 State or Province Zip or Postal code Telephone Nbr. (260) 485-8500

Vendor (the "Vendor"): Precious Memories
Print Name Telephone Number

I, the undersigned, certify, warrant and represent that I have the full legal right and authority, and know of no living person who objects to the matters set forth herein or has a superior right under state law, to authorize the collection of one or more fingerprints, handprints and/or footprints ("Samples") from the Decedent for the purpose of transferring said Samples to the above named Vendor or for use by the Funeral Home for keepsake articles. The Vendor and/or Funeral Home will transfer the Samples to one or more keepsake articles as requested below. Samples will be obtained from the Decedent prior to final disposition and are to be used exclusively for purposes of a commemorative keepsake(s) and for no other purpose, including forensic or medical examination. I understand and acknowledge that transferring the Samples into a keepsake(s) does not preserve or protect its/their content(s) from natural deterioration or other decomposition. I further understand and acknowledge that in some instances, obtaining Samples may be difficult or impractical depending on the condition of the Decedent's remains, and neither the Funeral Home nor the Vendor make any guarantees or representations regarding its ability to collect or obtain Samples. I further understand and acknowledge that, depending on the condition of the Decedent's remains, tissue enhancing chemicals may be used to facilitate the collection of Samples.

The Funeral Home and Vendor make no representations or warranties regarding the Samples and disclaims all responsibility for the content of such. I agree to release and hold harmless the Funeral Home and its owners, officers, affiliates, shareholders, employees, agents, representatives, successors, and assigns for and from any liability, claims, losses, damages or expenses, including attorney's fees, relating to the collection, preservation, transfer and/or storage of the Samples and the keepsake(s), including Decedent's fingerprint(s), handprint(s) and/or footprint(s) collected in coordination therewith.

Collect Sample from Decedent and temporarily hold for later use by Vendor and/or Funeral Home (as authorized by the Authorized Representative)

Fingerprint - Left Hand Right Hand - Specify finger (e.g. thumb, index, ring) Best print

Infant Footprint - Left Right Both

Infant Handprint - Left Right Both

Other _____

Keepsake Article (i.e. type of jewelry, keepsake card) Description: _____

Tina M Henderson
Printed Name of Authorized Representative

Daughter
Relationship to Decedent

9/5/20
Date

Tina M Henderson
Signature of Authorized Representative

Po Box 291 Harlan, IN 46743-0291
Address

(260) 234-1435
Phone Number

Karla Batishik
Printed Name of Authorized Representative of the Company

Karla Batishik
Signature of Authorized Representative of the Company

9/5/20
Date