



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD
3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
Phone (775) 825-5535
Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

AGENDA AND NOTICE OF PUBLIC MEETING

Wednesday, May 15, 2024, at 9:00 a.m.

Video Conference and Teleconference

<u>Via Zoom Video Conference</u>	<u>Via Teleconference:</u>
Zoom Meetings at https://zoom.us/ Meeting ID: 253 977 5871 Passcode: 668556	1-669-900-6833 Meeting ID: 253 977 5871 Passcode: 668556

Physical Location
3740 Lakeside Drive, Suite 201
Reno, Nevada

Please Note: The Board may: 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; and 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.030)

Public comments are welcomed by the Board, but at the discretion of the Chair, may be limited to three (3) minutes per person. A public comment time will be available before any action items are heard by the public body and then once again prior to adjournment of the meeting. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all items on the agenda are completed the meeting will adjourn. Prior to the commencement and conclusions of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment.

NOTE: Public comment may be provided prior to the meeting via email to nvfuneralboard@fb.nv.gov

Action by the Board on an item may be to approve, deny, amend, or table.

1. Call to order, roll call, establish quorum.

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2. Public comment

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

3. Consent Agenda (For Possible Action)

The consent agenda items contain matters of routine acceptance. The Board members may approve the consent agenda as a whole or individually at their discretion.

- A. Discussion, recommendation, and possible action regarding review and approval of minutes of the Board meeting on February 14, 2024. (For possible action)
- B. Discussion, recommendation, and possible action regarding previously issued temporary establishment permit, direct cremation facility permit, crematory license applications and request for approval of new managing funeral directors. (For possible action.)
 - 1) Direct Cremation Facility Permit for Simple Cremation, DC103L, located at 900 S. Rancho Drive in Las Vegas. Lori Siuba, FD976, as Managing Funeral Director. Temporary approval effective March 18, 2024.
 - 2) Direct Cremation Facility Permit for Perfect Cremation, DC104L, located at 1961 Whitney Mesa in Henderson. Larnique Mickes, FD949, Managing Funeral Director. Temporary approval effective April 22, 2024.
 - 3) Establishment Permit for Pulido Funerals, EST142, located at 3390 S. Sandhill Road in Las Vegas. Peter Pulido, FD964, Managing Funeral Director. Temporary approval effective April 22, 2024.
 - 4) Establishment Permit and Crematory License for The Gardens Funeral Home, LLC, EST143 and CRE119, located at 2949 Austin Highway in Fallon. Loretta Guazzini, FD600, Managing Funeral Director. Temporary approval effective April 22, 2024.
- 4. **Discussion, recommendation, and possible action regarding a presentation by Fred Olmstead, General Counsel, Nevada State Board of Nursing regarding adding Licensed Practical Nurses to list of individuals who can pronounce death. (For possible action.)**
- 5. **Public Hearing on Proposed Regulations. The Board will receive and hear all public comment regarding LCB File Number R143-23 for changes to Nevada Administrative Code Chapter 642. Public comments may be made in person or submitted in writing. (For possible action.)**
- 6. **Consideration of public comment and possible adoption of LCB File Number R143-23. The Board will consider all public comments received regarding the proposed regulatory changes under agenda item 5. This agenda item may involve the Board proposing changes to the regulation after consideration of all public comments and determining whether to adopt the regulation. (For possible action.)**

7. Discussion, recommendation, and possible action regarding the funeral arranger license application submitted by Sergio Martinez Ramos. (For possible action.)
8. Discussion, recommendation, and possible action regarding continuing education approval for Jenna Dumas and Monica Myles, the Nevada Donor Network 2024 Funeral Home Symposium, requesting 4 continuing education units (CEU's). (For possible action.)
9. Discussion, recommendation, and possible action regarding disciplinary hearing on Complaint for Disciplinary Action and Notice of Hearing In the Matter of McDermott's Funeral and Cremation Service, a Funeral Establishment, and Christopher M. Grant, a Funeral Director. This agenda items may include review and consideration of any motions and may include review and consideration of a settlement agreement or consent decree if one is presented. (For possible action.)
10. Report on status of the Mortuary Science Program at the College of Southern Nevada. (For information only.)
11. Discussion, recommendation, and possible action regarding the FY25 budget (For Possible Action)
12. Discussion, recommendation, and possible action regarding cost-of-living adjustment (COLA) and retention bonus. (For possible action.)
13. Financial Reports (For information only.)
14. Report from Executive Director, Stephanie Bryant McGee (For information only.)
15. Discussion regarding future agenda items and future meeting dates (For possible action.)

Wednesday, August 14, at 9 a.m.

Wednesday, November 13, at 9 a.m.

Wednesday, February 12, at 9 a.m.

16. Public comment

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

17. Adjournment (For Possible Action)

Anyone desiring additional information, including meeting materials, may contact Stephanie Bryant McGee at 775-825-5535. Meeting materials are also available for download from the Board website at <http://funeral.nv.gov> or can be picked up at the following location: 3740 Lakeside Drive, Suite 201, Reno, NV 89509. NOTE: If picking up materials, please call the office to schedule a time for pick-up.

The Board is pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Stephanie Bryant McGee at 775-825-5535, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

This agenda has been sent to all members of the Board and other interested people who have requested an agenda from the Board. People who wish to continue to receive an agenda and notice of meetings must request so in writing every six months.

THIS MEETING HAS BEEN PROPERLY NOTICED AND POSTED
IN THE FOLLOWING LOCATIONS:

Funeral Board Office 3740 Lakeside Drive, Suite 201 Reno, NV 89509	Funeral Board Website <u>https://funeral.nv.gov/Board/Meetings/</u>	Nevada Public Notice Website <u>https://notice.nv.gov/</u>
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DRAFT MINUTES

Wednesday, February 14, 2024, at 9:00 a.m.
Video Conference and Teleconference

<u>Via Zoom Video Conference</u>	<u>Via Teleconference:</u>
Zoom Meetings at https://zoom.us/ Meeting ID: 890 7638 4097 Passcode: 776884	1-669-900-6833 Meeting ID: 890 7638 4097 Passcode: 776884

Physical Location
3740 Lakeside Drive, Suite 201
Reno, Nevada

1. Call to order, roll call, establish quorum.

Laura Sussman called the meeting to order at 9:00 a.m. Roll call was taken and confirmed that a quorum was present.

Board Members Present

Dr. Randy Sharp, Chairman (Arrived at 9:07 a.m.)
Kim Kandaras, Treasurer
Laura Sussman, Secretary
Dr. Donald Edward Chaney
Celena DiLullo
Dr. Raymond Giddens
Jeff Long

Board Staff Present

Stephanie Bryant McGee, Executive Director

Board Counsel Present

Matt Feeley, Deputy Attorney General

2. Public comment

Chairperson Sussman opened the floor to public comment. There were no comments.

3. Consent Agenda (For Possible Action)

Chair called for approval of items on the consent agenda, as follows:

- A. Discussion, recommendation, and possible action regarding review and approval of minutes of the Board meeting on November 15, 2023. (For possible action)
- B. Discussion, recommendation, and possible action regarding previously issued temporary establishment permit, direct cremation facility permit, crematory license applications and request for approval of new managing funeral directors. (For possible action.)

- 1) Establishment Permit for Beverly's Memorial Chapel, EST140, located at 71 N. Pecos Road, Suite 113 in Las Vegas. Raymond Giddens, Jr., FD923, as Managing Funeral Director. Temporary approval effective December 20, 2023.
- 2) Establishment Permit for Gateway to the Valley, LLC, DBA Camino Al Ceilo Funeral Chapel, EST141, located at 2041 W. Bonanza Road in Las Vegas. Kristopher Wilks, FD919, Managing Funeral Director. Temporary approval effective January 23, 2024.
- 3) Crematory License for County Funeral Services, LLC, CRE118, located at 1961 Whitney Mesa Drive in Henderson. Temporary approval effective January 25, 2024.
- 4) Managing Funeral Director Request for Carlen Thomas, FD861 – Cremation Society of Nevada – Capitol City, EST124. Temporary approval effective January 17, 2023.
- 5) Managing Funeral Director Request for Kenneth Bowman, FD806 – Cremation Society of Nevada – Affinity, EST123. Temporary approval effective January 1, 2024.
- 6) Managing Funeral Director Request for Kenneth Bowman, FD806 – Cremation Society of Nevada – John Sparks, EST125. Temporary approval effective January 1, 2024.
- 7) Managing Funeral Director Request for Kenneth Bowman, FD806 – Cremation Society of Nevada – Northern Nevada, EST126. Temporary approval effective January 1, 2024.
- 8) Managing Funeral Director Request for Christopher Walters, FD64 – Desert Memorial, EST133. Temporary approval effective December 7, 2023.
- 9) Managing Funeral Director Request for Scott Shade, FD1014 – Desert Memorial, EST133. Temporary approval effective January 9, 2024.
- 10) Managing Funeral Director Request for Chris Grant, FD920 – Kraft Sussman, EST130. Temporary approval effective January 17, 2024.
- 11) Managing Funeral Director Request for Raymond Giddens, Jr., FD923 – La Eternidad Funeral Home, EST134. Temporary approval effective December 29, 2024.
- 12) Managing Funeral Director Request for Christopher Walters, FD64 – Sunrise Cremation, EST101L. Temporary approval effective December 7, 2023.
- 13) Managing Funeral Director Request for Scott Shade, FD1014 – Sunrise Cremation, DC101L. Temporary approval effective January 9, 2024.
- 14) Managing Funeral Director Request for Chris Grant, FD920 – Vegas Valley Cremation, DC98L. Temporary approval effective January 17, 2024.
- 15) Managing Funeral Director Request for Carlen Thomas, FD861 – Walton's Funerals & Cremations, EST117. Temporary approval effective January 17, 2024.

- 16) Managing Funeral Director Request for Carlen Thomas, FD861 – Walton's Funerals & Cremations – Chapel of the Valley, EST118. Temporary approval effective January 17, 2024.
- 17) Managing Funeral Director Request for Blake Howe, FD622 – Walton's Funerals & Cremations – Sparks, EST122. Temporary approval effective January 1, 2024.
- 18) Managing Funeral Director Request for Margarita Rojas, FD946 – Tulip Cremations, DC100L. Temporary approval effective January 22, 2024.

Laura Sussman recused herself from 10, 14, and 18. Kim Kandaras recused herself from items B4, 5, 6, 7, 15, 16, and 17. Raymond Giddens recused himself from items 1 and 11.

Action: Chaney made the motion to accept the minutes in agenda item 3.A. as recorded with any necessary corrections, seconded by Celena DiLullo, to approve all items on the Consent Agenda. The motion passed unanimously.

Action: Celena DiLullo made the motion seconded by Raymond Giddens, to approve all matters in Consent Agenda item 3.B. The motion passed unanimously.

4. Discussion, recommendation, and possible action regarding renewal of embalmer license EMB905R held by Gregory Marr. (For possible action.)

Deputy Attorney General Matt Feeley presented a proposed consent decree to the Board. Attorney Feeley read the terms of the agreement. Stephanie McGee presented the background of the applications. Greg Marr presented a statement. Kim Kandaras

Action: Raymond Giddens made a motion, seconded by Donald Chaney to approve the proposed consent decree. The motion passed unanimously.

5. Discussion, recommendation, and possible action regarding continuing education approval for National Institute of Funeral Services, "Ethics in the Funeral Worlds." Requesting approval for two (2) CEUs. (For possible action.)

Stephanie McGee stated that she reviewed the course materials and that the course meets all technical requirements for approval. Tracy Lentz, the instructor, presented an overview of her course. Lara

Action: Raymond Giddens made a motion, seconded by Kandaras, to approve the continuing education course as presented. The motion passed unanimously.

6. Discussion, recommendation, and possible action regarding continuing education approval for The International Conference of Funeral Service Examining Boards, 120th Annual Meeting and Board/Administrator Training, February 27-29, 2024. Requesting approval for six (6) hours for Board Member Training, two and a half (2.5) hours for Funeral Services Administrators Forum, and eleven (11) CEU hours for the remainder of the sessions. (For possible action.)

Stephanie McGee stated that she reviewed the course materials and that the course meets all technical requirements for approval. Laura Sussman, Kim Kandaras, and Donald Chaney commented that they attended similar presentations in previous years and that the courses were beneficial.

Action: Donald Chaney made a motion, seconded by Laura Sussman to approve the continuing education course as presented. The motion passed unanimously.

7. Financial Reports (For information only.)

Stephanie McGee presented the financial statements for year-to-date FY24, including the regulatory fee report.

8. Discussion, recommendation, and possible action regarding licensing software contract with Thentia Cloud. (For possible action.)

Stephanie McGee presented an overview of the Thentia Cloud proposal. In addition, Ms. McGee stated that the proposal was being presented as one option and that the Board may decide to look at other options. The Board decided that they wanted cost proposals from at least two other vendors. Ms. McGee explained that any contract would be subject to approval by the Board of Examiners.

9. Report from Executive Director, Stephanie Bryant McGee (For information only.)

Stephanie McGee presented some highlights and updates to her written report, including an overview of license renewals and an overview of the Federal Trade Commission phone sweep in 2023.

10. Discussion regarding future agenda items and future meeting dates (For possible action.)

Chairperson Sharp asked the Board members to check the following dates and to let Stephanie McGee know if there are any conflicts.

Wednesday, May 15, at 9 a.m.

Wednesday, August 14, at 9 a.m.

Wednesday, November 13, at 9 a.m. (In person)

The Board members discussed having an in-person meeting. Based on availability, the Board decided to have an in-person meeting in November.

The Board discussed having an update of the mortuary science program in Nevada as an agenda item for the next meeting.

11. Public comment

Chairman Sharp opened the floor to public comment. There were no comments.

12. Adjournment (For Possible Action)

Action: Laura Sussman made a motion to adjourn the meeting, seconded by Raymond Giddens. The motion passed unanimously. The meeting adjourned at 10:30 a.m.



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Direct Cremation Facility Permit Application

Eligibility and Information

Any individual or entity wishing to obtain a direct cremation facility permit in the State of Nevada must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all required documentation, a background check will be completed for all relevant individuals and the application will be reviewed by the Board during a public meeting.

Required Documents

- ☒ **Completed Application:** Applications are required to be completed in full and must be signed.
- ☐ **Criminal History Form:** This document must be completed by anyone subject to disclosure requirements if there are any criminal events to report. Form may be found on the Board website or mailed upon request.
- ☒ **Business Entity: List of Principals:** This form must be completed for any corporations, LLC's or partnerships
- ☒ **Nevada Business License:** Applicants are required to comply with Nevada business licensing requirements and must include a current copy of State of Nevada business license.
- ☒ **Zoning:** A copy of the Zoning Permit issued by the City or County must be attached to this application.
- ☒ **DBA – Fictitious Name Filing:** Applicants are required to comply with NRS 602.010 and must submit a copy of their fictitious name filing.
- ☒ **Fee:** A non-refundable payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

Applicant Details

Name under which the location will conduct business:

SIMPLE CREMATION, INC. DBA SIMPLE CREMATION

Physical address of proposed location:

900 S. RANCHO DR., LAS VEGAS, NV 89106

City:

LAS VEGAS

State:

NV

Zip Code:

89106

Phone Number:

(702) 732-7070

E-mail Address:

SIMPLECREMATION@GMAIL.COM

Owner Information

Owner of Location:

SIMPLE CREMATION, INC.

Type of Ownership:

☐

Sole Proprietorship

☒

Corporation

☐

Limited Liability Company (LLC)

☐

Partnership

Managing Funeral Director Information

Name of Funeral Director who will manage this location:

LORI SIUBA

12 miles from facility, will manage fewer than 3 facilities. SBM 3/13/24

FD License #:

976

Direct Cremation Facility Permit Application

Location Inspection

Anticipated date location will be ready for inspection:

Feb. 1, 2024

Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the permit is issued (e.g. renewal notices).

Mailing Address: (All Board correspondence will be sent to this address.)

5450 STEPHANIE ST

City:

LAS VEGAS

State:

NV

Zip Code:

89122

Preferred Phone Number:

(702)732-7070

Preferred E-mail Address:

SIMPLECREMATION@GMAIL.COM

Applicant Information – Natural Person

Complete this section if applicant is a sole proprietor and not incorporated.

Full Legal Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Social Security Number:

Date of Birth:

Sex:

☐ Male☐ FemaleCitizenship: ☐ US Citizen ☐ Authorized to Work in the US Place of Birth: _____

List all prior names used by applicant: _____

Applicant Information – Limited Liability Company (LLC), Corporation or Partnership

Complete this section if applicant is a Limited Liability Company, Corporation, or Partnership.

Under the laws of which state was the applicant organized?

Nevada

In which state is the applicant currently domiciled?

Nevada

Date applicant was organized (e.g. date articles of incorporation filed):

08/05/2010

Have you attached the List of Principals?



Yes



No

Contact Information Concerning Application

Enter the name and contact information of the person the Board should contact concerning this application.

Name:

J. DAVID SQUIRES

Address:

5450 STEPHANIE ST

City:

LAS VEGAS

State:

NV

Zip Code:

89122

Phone Number:

(702)732-7070

E-mail Address:

DSQUIRES@LAPALOMAFUNERALSERVICES.COM

Direct Cremation Facility Permit Application

Legal Information and Criminal History

For the purpose of these next sections, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons:

1. If the applicant is a natural person, only the natural person making the application;
2. If the applicant is a corporation, all officers and directors of that corporation;
3. If the applicant is a limited liability company, all managers and members of the limited liability company;
4. If the applicant is a partnership, all partners.

Has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning any person subject to disclosure requirements in process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)		
Has any person subject to disclosure requirements ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

General Questions

Do you understand that pursuant to statute, any advertising, including, without limitation, signage, must specify that the facility is limited to providing direct cremation services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute, this permit, if issued, must be conspicuously displayed at the business location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute, all funeral directors and funeral arrangers employed at the location must conspicuously display their license at the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute, the Board shall collect a \$10 regulatory fee for each written and signed agreement for funeral services in the State of Nevada?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute an inspection may be conducted prior to issuing and renewing a permit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Nevada Business License Information

Name on State Business License:

SIMPLE CREMATION, INC.

Business License #:

NV20101598190

Employer Identification Number:

27-3192880

Other Licensure Information

Does the applicant now hold, or has the applicant ever in the past held a license, permit, or certificate in the State of Nevada or any other state or jurisdiction as a funeral establishment, direct cremation facility, cemetery, or crematory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue
SEE ATTACHED			

Direct Cremation Facility Permit Application

Certification and Signature

All applications shall be signed by the applicant. Signatures shall be as follows:

- 1) If the applicant is a natural person, the application shall be signed by that person.
- 2) If the applicant is a corporation, the application shall be signed by the corporation's president.
- 3) If the applicant is a partnership, the application shall be signed by a partner who has authority to sign on behalf of the partnership.
- 4) If the applicant is a limited liability company, the application shall be signed by a member of the company who has authority to sign on behalf of the company.

I hereby apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a permit is issued and it is later determined that false or misleading information was provided, the permit may be revoked.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understand that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

I authorize any court, law enforcement agency, or licensing authority to release or make available to the Nevada Funeral and Cemetery Services Board any and all information they may have concerning applicant.

I declare that I will comply with all requirements under Nevada Revised Statutes relating to the permit for which I have applied.

I declare that I have authority to sign this application in accordance with the requirements stated.



Signature of Applicant and/or Authorized Agent

RYAN R. BOWEN

Print Name

Date

1/19/24

PRESIDENT

Title

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Ref. No.:	
<input type="checkbox"/> Ex Dir Rev.:		<input type="checkbox"/> Chairman Rev.:		<input type="checkbox"/> Permit/Lic No:	
<input type="checkbox"/> Temp Approval:		<input type="checkbox"/> Temp Permit Mailed:			
<input type="checkbox"/> Board Approved:		<input type="checkbox"/> Board Denied:		<input type="checkbox"/> Board Mtg:	
<input type="checkbox"/> Formal Approval:		<input type="checkbox"/> Formal Permit Mailed:		<input type="checkbox"/> Withdrawn:	

Credit Card Payment Information

Payment Method

Applicant Name:

SIMPLE CREMATION, INC.



Amount:

\$375.00

Name on Credit Card:

JOHN D SQUIRES

Credit Card Number:

004

Expiration Month/Year

04/28

Billing Address

5450 STEPHANIE STREET

Billing City, State & Zip

LAS VEGAS, NV 89122

Email for Receipt:

DSQUIRES@LAPALOMAFUNERALSERVICES.COM

Authorization

Signature:

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.

Simple Cremation, Inc. Existing Licenses (In response to Direct Facility Permit Application, Page 3 of 5, bottom, "Other License Information")

State/Jurisdiction	License Type	License #	Date of Issue
Nevada	Direct Cremation (DC)	DC53L	2/1/2010
Nevada	Direct Cremation (DC)	DC77L	10/1/2010
Nevada	Direct Cremation (DC)	DC85L	1/12/2011
Nevada	Direct Cremation (DC)	DC86L	7/14/2015
Nevada	Direct Cremation (DC)	DC89L	6/14/2016
Nevada	Direct Cremation (DC)	DC90L	10/2/2018

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

SIMPLE CREMATION, INC.

Nevada Business Identification # NV20101598190

Expiration Date: 08/31/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B202308233898937

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 08/23/2023.

A handwritten signature in black ink, reading "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State



Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:

☐ New Application

☒ Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: Simple Cremation

Mailing Address: 5450 Stephanie Street

Las Vegas, NV 89122

(Mailing Address for notification of renewal)

Mailing Address

City, State, Zip

Owner (Sole Proprietor or
Registered Legal Entity):

SIMPLE CREMATION, INC.

(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Ryan R. Bowen

Full Name of Authorized Signer

1236 Old Point Avenue

Street Address of Business or Residence

Signature

Las Vegas, NV 89142

City, State, Zip

Date

7-15-2020

Signed By: Christopher P. Blackburn

(Use if needed) Full Name of Authorized Signer

6970 Stone Meadows Avenue

Street Address of Business or Residence

Signature

Las Vegas, NV 89142

City, State, Zip

Date

7-15-20

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF NEVADA

COUNTY OF CLARK

SS:

This instrument was acknowledged before me on July 15, 2020

(Date)

by RYAN R. BOWEN AND CHRISTOPHER P. BLACKBURN

(Name of individual(s) whose signature(s) is/are being notarized)



M. SUE DAVISON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-08-23
Certificate No: 95-0938-1

M. Sue Davison
Signature of Notary Public/Deputy Clerk

RECEIVED

JUL 20 2020

COUNTY CLERK

BUSINESS LICENSE

CITY OF LAS VEGAS | LAS VEGAS, NEVADA

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW. FAILURE TO MAINTAIN AN ACTIVE STATE LICENSE OR SNHD HEALTH PERMIT, IF REQUIRED, RENDERS THIS LICENSE INVALID.

LICENSE #: G72-00366

DATE ISSUED: 1/29/2024

TYPE: G50-FUNERAL RELATED MERCHANDISE

EXPIRATION DATE: 7/1/2024

BUSINESS LOCATION: 900 S RANCHO DR 140

ISSUED TO: SIMPLE CREMATION INC

5450 STEPHANIE ST 110
LAS VEGAS, NV 89122



Darcy Adelbai-Hurd
Business Licensing Manager

POST IN A CONSPICUOUS PLACE



Please fold or cut along perforated line

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STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
Phone (775) 825-5535 * Fax (775) 507-4102
Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

SIMPLE CREMATION, INC dba SIMPLE CREMATION

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

RYAN RICHARD BOWEN

Title:

PRESIDENT

Mailing Address:

5450 STEPHANIE ST

City:

LAS VEGAS

State:

NV

Zip Code:

89122

Phone Number:

(702) 732-7070

E-mail Address:

RBOWEN@LAPALOMAFUNERALSERVICES.COM

Social Security Number:

Date of Birth:

This person is (check all that are applicable):

☒ Corporate Officer ☐ Corporate Director ☐ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason? ☒ Yes ☐ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process? ☐ Yes ☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked? ☐ Yes ☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending? ☐ Yes ☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) *(If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)* ☐ Yes ☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.



I am not subject to a court order for the support of a child.



I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.



I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Ryan Bowen

Date:

1/19/24



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Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

SHAUN BOWEN

Title:

SECRETARY

Mailing Address:

5450 STEPHANIE ST

City:

LAS VEGAS

State:

NV

Zip Code:

89122

Phone Number:

702-732-7070

E-mail Address:

RBOWEN@LAPALOMAFUNERALSERVICES.COM

Social Security Number:

[REDACTED]

Date of Birth:

[REDACTED]

This person is (check all that are applicable):

☒ Corporate Officer ☐ Corporate Director ☐ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason? ☒ Yes ☐ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process? ☐ Yes ☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked? ☐ Yes ☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending? ☐ Yes ☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) *(If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)* ☐ Yes ☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

- ☒ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Shaun Bowen

Date:

01/19/2024



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Business Information

Name under which the location will conduct business:

SIMPLE CREMATION, INC dba SIMPLE CREMATION

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

CHARLES MOHLER

Title:

TREASURER

Mailing Address:

5450 STEPHANIE ST

City:

LAS VEGAS

State:

NV

Zip Code:

89122

Phone Number:

702-732-7070

E-mail Address:

RBOWEN@LAPALOMAFUNERALSERVICES.COM

Social Security Number:

Date of Birth:

This person is (check all that are applicable):

☒ Corporate Officer ☐ Corporate Director ☐ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason?

☐ Yes

☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process?

☐ Yes

☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?

☐ Yes

☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?

☐ Yes

☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)

☐ Yes

☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

☒

I am not subject to a court order for the support of a child.

☐

I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Charles A. Mohler

Date:

1/19/24



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Business Information

Name under which the location will conduct business:

SIMPLE CREMATION, INC dba SIMPLE CREMATION

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

CHRISTOPHER P. BLACKBURN

Title:

DIRECTOR

Mailing Address:

5450 STEPHANIE ST

City:

LAS VEGAS

State:

NV

Zip Code:

89122

Phone Number:

702-732-7070

E-mail Address:

RBOWEN@LAPALOMAFUNERALSERVICES.COM

Social Security Number:

[REDACTED]

Date of Birth:

[REDACTED]

This person is (check all that are applicable):

☐ Corporate Officer ☒ Corporate Director ☐ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason?

☐ Yes

☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process?

☐ Yes

☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?

☐ Yes

☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?

☐ Yes

☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)

☐ Yes

☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.



I am not subject to a court order for the support of a child.



I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.



I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

C. Blackburn

Date:



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Legal Reporting Form

Information

This form is used in conjunction with various license application forms to provide details concerning legal actions. ([Complaints](#), [License Suspensions](#), [Restrictions](#), and [Revocations](#).)

Applicant Information

Facility or Individual Name:

SIMPLE CREMATION, INC.; RYAN R. BOWEN (President); SHAUN BOWEN (Secretary)

Details (please describe any legal action, complaints, investigations, or professional license restrictions below)

Based upon information and belief, the following represents Funeral Board administrative actions or investigations for Simple Cremation, Inc. and its officers/directors ("person(s) subject to disclosure requirements"). The Nevada Funeral Board has direct access to all information pertaining to administrative/regulatory actions relating to Simple Cremation, Inc., and its licensed officers, Ryan Bowen and Shaun Bowen. Please NOTE: neither Simple Cremation, Inc., nor its officers and directors are currently under investigation, probation or otherwise pertaining to their respective licenses.

Simple Cremation DC90L:

- FB21-13: resolved by consent decree. All requirements met.

Simple Cremation DC85L and Ryan Bowen FD810 (President):

- FB21-01, FB21-02, FB21-03: resolved by consent decree. All requirements met.

Simple Cremation DC77L, DC89L and Ryan Bowen FD810:

- FB 19-14: resolved by consent decree. All requirements met.

Shaun Bowen, FD201 (Secretary):

- FB17-01: resolved by Funeral Board Order. All requirements met.

Ryan Bowen, FD810 (President)

FB16-08: resolved by consent decree. All requirements met.

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information contained herein.



Signature of Applicant

1/19/24

Date

RYAN R. BOWEN

Print Name

From: [David Squires](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Adding Location for Simple Cremation, Inc. dba Simple Cremation
Date: Monday, January 22, 2024 1:00:14 PM
Attachments: [Direct Cremation Facility Permit Application.pdf](#)

Hello Stephanie,

Please see attached regarding Simple Cremation, Inc., new location at 900S. Rancho Dr., Las Vegas, NV 89106. Anticipated date of opening is first or second week of February. Documents attached includes the following:

1. Direct Cremation Facility Permit Application plus fees of \$375
2. Nevada State Business License for Simple Cremation, Inc.
3. Fictitious Firm Name for Simple Cremation
4. Request for Approval of Managing Funeral Director plus fees of \$225
5. Business Entity List of Principals for:
 - a. Ryan R. Bowen (President)
 - b. Shaun Bowen (Secretary)
 - c. Charles Mohler (Treasurer)

Christopher Blackburn, Director (not funeral director), does not live in Nevada and has been out on vacation this past week and into this week. He will try to get his signature page to me today to supplement.

6. Legal Reporting Form for Simple Cremation, Ryan Bowen and Shaun Bowen.

A zoning permit is not necessary by the City or County for this business at this location.

Please don't hesitate to call me with any questions. I appreciate your help!



J. David Squires, Esq.
General Counsel & Director of
Human Resources | Risk Management
LA PALOMA FUNERAL SERVICES
SIMPLE CREMATION

Phone: 702.732.7070

Fax: 702.435.0099

Email: dsquires@lapalomafuneralservices.com

5450 Stephanie St
Las Vegas, NV 89122

www.LaPalomaFuneralServices.com
www.SimpleCremation.us

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: Simple Cremation DC App 01.22.2024

Order Number: P.O. Number:

Customer ID: Invoice Number:

Billing Information

John Squires
5450 Stephanie Street
Las Vegas, NV 89122

dsquires@lapalmonafuneralservices.com

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 375.00

Payment Information

Date/Time: 26-Jan-2024 13:54:34 PST

Transaction ID: 80244697334

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 147145

Payment Method: American Express XXXX1004



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Direct Cremation Facility Inspection Checklist

GENERAL INFORMATION

In accordance with NRS 642.067, NRS 642.365 and NRS 642.435, the Nevada Board of Funeral and Cemetery services has authority to inspect any premises where funeral directing is conducted or embalming practiced, and is required to make unannounced inspections of each location issued a permit by the Board.

Name under which the location conducts business Simple Cremation, Inc. DBA Simple Cremation

Permit Number

Physical Address

900 South Rancho Drive

City

Las Vegas

State

NV

Zipcode

89106

Mailing Address

5450 Stephanie Street

City

Las Vegas

State

NV

Zipcode

89122

Phone Number

7027327070

Fax Number

Owner Of Location

Simple Cremation, Inc.

Type Of Ownership

Corporation

Name of funeral director currently approved to manage this location

Lori Siuba

FD License Number

FD976

photo of outside of building

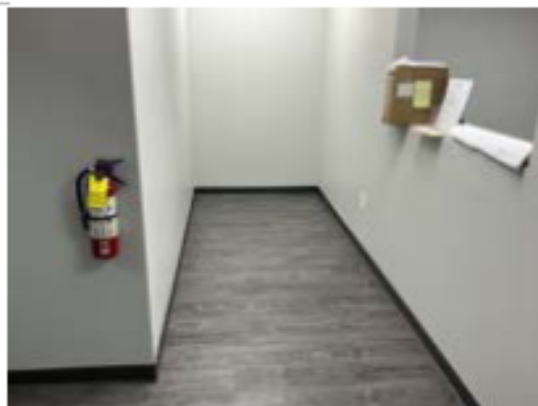




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Direct Cremation Facility Inspection Checklist

photo of lobby



pic

pic

Notes:

LICENSES

Permit with name of owner displayed conspicuously? (NRS 642.465) N/A

Are all individuals meeting with families to make arrangements properly licensed? (NRS 642.340) (NRS 642.361) Yes

Funeral directors' and funeral arrangers' licenses displayed conspicuously? (NRS 642.460) Yes

Does the location sell, solicit, negotiate or is a party to any preneed contract or provide preneed services? Yes

If they sell pre-need, are they properly licensed with the Division of Insurance? (NRS 689) Yes

Notes:

Licenses are on the counter ready to be posted.



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Direct Cremation Facility Inspection Checklist

Photo of displayed licenses



LIST NAMES AND LICENSE NUMBERS

Name	Aranza Sepulveda
License Number	FA328
Name	Lori Siuba
License Number	FD976

ADVERTISING

Does the location advertise?	Yes
Types Of Advertising	Website
For any viewed advertising, does there appear to be any misrepresentations? (NRS 642.5172)	No
Does advertising and signage specify that the facility is limited to providing direct cremation services? (NRS 642.5172)	Yes
Notes:	
Simple Cremation advertises the same for all locations.	



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Direct Cremation Facility Inspection Checklist

Photo of signage



GENERAL PRICE LIST

Does location have a supply of the GPL readily available? NRS 642.019, 16 CFR 453.3(b)(4)(i)(A)	Yes
Has the location kept a copy of the GPL, CPL, OBCPL and SFGSS for one year after the date of their last distribution to customers? NRS 642.019, 16 CFR 453.6	N/A
Does the GPL contain the name, address, and phone number of the facility? NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(1)	Yes
Does the GPL contain the caption "General Price List"? NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(2)	Yes
Does the GPL list the effective date? NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(3)	Yes
Does the GPL include the retail prices for all items listed below? NRS 642.019, 16 CFR 453.2 (b)(4)(ii)	
Check all items that are listed below:	
Forwarding remains to another funeral home	<input type="checkbox"/>
Receiving remains from another funeral home	<input checked="" type="checkbox"/>
Price range for direct cremations	<input checked="" type="checkbox"/>
Separate price for direct cremations; purchaser provides container	<input checked="" type="checkbox"/>
Separate prices for each direct cremation offered including an alternative container	<input checked="" type="checkbox"/>
Transfer of remains	<input checked="" type="checkbox"/>
Price range for caskets or individual prices for caskets	<input checked="" type="checkbox"/>
Funeral director and staff services fees	<input checked="" type="checkbox"/>
Notes:	
I was informed that Simple Cremation does not forward remains to another facility. That would be handled by La Paloma Funeral and Cremation Services.	

GENERAL PRICE LIST DISCLOSURES



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Direct Cremation Facility Inspection Checklist

Is the following disclosure included in immediate conjunction with the price range shown for direct cremations? Yes

NRS 642.019, 16 CFR 453.3(b)(2)

"If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers)."

Is the following disclosure included immediately above the prices contained in the GPL? Yes

NRS 642.019, 16 CFR 453.4(b)(2)(a)

"The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected."

If the location lists a separate basic services fee that is non-declinable, is the following disclosure included together with that price? Yes

NRS 642.019 16 CFR 453.2(4)(iii)(C)(1)

"This fee for our basic services will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, and forwarding or receiving remains."

If the location only states the range of prices for the caskets on the GPL, is the following disclosure included with the price range? Yes

NRS 642.019, 16 CFR 453.2(4)(iii)(A)(1)

"A complete price list will be provided."

Notes

ITEMIZED STATEMENT OF FUNERAL GOODS AND SERVICES

Does the location provide an itemized written statement for retention to the purchaser at the conclusion of discussion of arrangements which contains the funeral goods and funeral services selected and the prices to be paid for each item? NRS 642.019, 16 CFR 453.2(b)(5) Yes



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Direct Cremation Facility Inspection Checklist

Does the statement specifically itemize cash advance items to the extent known? NRS 642.019, 16 CFR 453.2(b)(5) Yes

Does the statement contain the total cost of the goods and services selected? NRS 642.019, 16 CFR 453.2(b)(5) Yes

Does the statement of funeral goods and services identify and briefly describe in writing any legal, cemetery, or crematory requirement which the funeral provider represents to persons as compelling the purchase of funeral goods and services for the funeral which that person is arranging? NRS 642.019, 16 CFR 453.3(d)(2) Yes

Notes:

STATEMENT OF FUNERAL GOODS AND SERVICES DISCLOSURE

Is the following disclosure included in immediate conjunction with the list of itemized cash advances? NRS 642.019, 16 CFR 453.3(f)(2) Yes

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

Is the following disclosure included in the statement of funeral goods and services selected? NRS 642.019, 16 CFR 453.4(a)(2)(i)(A) Yes

"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."

Notes:

CASKET PRICE LIST

Does the location provide a casket price list? NRS 642.019, 16 CFR 453.2(b)(2) Yes

(If prices of all caskets are listed on the GPL, this item is not required)

Does the casket price list contain the name of the location and a caption describing the list as a "casket price list"? NRS 642.019, 16 CFR 453.2(b)(2)(ii) Yes



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Direct Cremation Facility Inspection Checklist

Does the casket price list contain the retail prices of all caskets and alternative containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list? Yes
NRS 642.019, 16 CFR 453.2(b)(2)(i)
Notes: _____

FACILITY FORMS AND RECORDS

Is facility maintaining records for at least 7 years? (NAC 451.200) N/A
Are completed statements of funeral goods and services signed by the licensee who made the arrangements? Unknown
(NAC 642.152)
Do completed statements of funeral goods and services contain the license number of the individual who made the arrangements? (NAC 642.152) Unknown
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide rites or ceremonies in connection with the final disposition of the remains? (NAC 642.156) Yes
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide facilities to conduct rites or ceremonies in connection with the final disposition of the remains? (NAC 642.156) Yes
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide embalming of human remains? (NAC 642.156) Yes
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide burial services? (NAC 642.156) Yes
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide for a viewing of the remains other than an identification viewing? (NAC 642.156) Yes
Do records generally appear to be in good order? Yes
If remains are not stored or cremated at this location, do forms advise consumer of the location where remains will be stored or cremated? (NAC 642.154) Yes
Notes: _____

Authorization Form lists the location address where the care and storage is located.

CREMATION AUTHORIZATION FORM

This may be reviewed as part of direct cremation facility inspection and/or crematory inspection



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Direct Cremation Facility Inspection Checklist

Review written authorization form to ensure that it contains the following information

Does the form identify the deceased person? (NRS 451.660) Yes

Does it contain a statement of whether death occurred from communicable or otherwise dangerous disease? (NRS 451.660) Yes

Does it list the name and address of agent? (NRS 451.660) Yes

Does it list agent's relationship to decedent? (NRS 451.660) Yes

Does it contain representation that agent is not aware of any objection to cremation by any person who has a right to control the disposition of remains? (NRS 451.660) Yes

Does it list the name of person authorized to claim cremated remains or the name of the cemetery or person to whom the remains are to be sent? (NRS 451.660) Yes

Notes:

GENERAL LOCATION MANAGEMENT

Is the approved managing funeral director on-site for inspection? (Not required) Yes

How often is the approved managing funeral director on-site to manage location? When needed.

Is the managing funeral director available to staff for supervision? NRS 642.345(3) N/A

Does the managing funeral director live within 120 miles of the location? (NAC 642.116) Yes

Does the managing funeral director manage no more than 3 locations? (NAC 642.116) No

If the managing funeral director manages more than one location, are they within 120 miles of each other? (NAC 642.116) Yes

Does it appear that the location is being maintained in a sanitary and professional manner? (NRS 642.465) Yes

Notes:

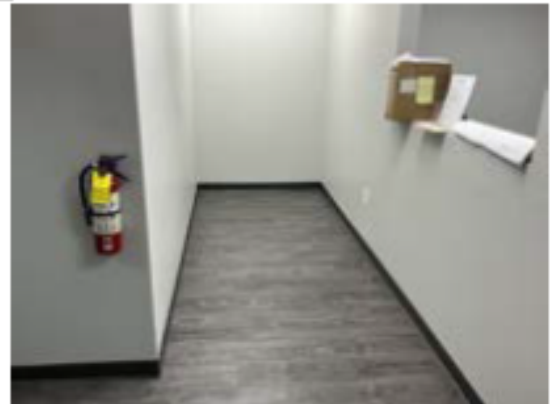
Initial inspection. No office equipment at this location as they are in the process of selecting furniture and work materials.



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD
3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5535
Fax (775) 507-4102
Email nvfuneralboard@fb.nv.gov

Direct Cremation Facility Inspection Checklist

New Photo



New Photo

BODY DONATION INFORMATION

Does the facility work with any whole body donor organizations? N/A

Notes:

They will work with Life Science Anatomical after they are licensed. All Simple Cremation locations and their crematory at La Paloma work with Life Science Anatomical.

CREMATORY INFORMATION

Does the facility have an on-site crematory? No
If not, where are bodies from the facility cremated? La Paloma Crematory-Stephanie Street
General Notes or Comments

UNCLAIMED VETERANS

Has the location reviewed all stored cremated remains to determine whether they are in possession of any veterans? N/A
NRS 642.0197

Has the location reported all unclaimed remains of any veterans to the Department of Veteran's Services within 1 year? This includes families who have never returned to claimed the cremated remains. N/A
NRS 642.0197

Notes

New facility. Initial inspection. No cremated remains at this location.

REGULATORY FEES

Is the location in compliance with submission of regulatory fees pursuant to NRS 642.0696? N/A



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Direct Cremation Facility Inspection Checklist

Do the fees submitted generally correspond to the number of burial permits or death records obtained through the Office of Vital Records? NRS 642.0696 If not, request information on how those fees are reported.

Notes

Initial inspection.

INSPECTION INFORMATION

Date of Inspection 02/22/2024
Time of Inspection 11:00 AM
Type of Inspection Initial
Name of Inspector Dr. Wayne A. Fazzino
Signature of Inspector

Name of Agency Representative at Time of Inspection: Lori Siuba
Signature of Agency Representative at Time of Inspection

Does it appear that any items may need to be reported to local or state health authorities, OSHA, or the Federal Trade Commission?

No

Additional Photo





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Direct Cremation Facility Inspection Checklist

Additional Photo



Additional Photo





STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

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Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Direct Cremation Facility Permit Application

Eligibility and Information

Any individual or entity wishing to obtain a direct cremation facility permit in the State of Nevada must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all required documentation, a background check will be completed for all relevant individuals and the application will be reviewed by the Board during a public meeting.

Required Documents

- ☐ **Completed Application:** Applications are required to be completed in full and must be signed.
- ☒ **Criminal History Form:** This document must be completed by anyone subject to disclosure requirements if there are any criminal events to report. Form may be found on the Board website or mailed upon request.
- ☒ **Business Entity: List of Principals:** This form must be completed for any corporations, LLC's or partnerships
- ☒ **Nevada Business License:** Applicants are required to comply with Nevada business licensing requirements and must include a current copy of State of Nevada business license.
- ☒ **Zoning:** A copy of the Zoning Permit issued by the City or County must be attached to this application.
- ☒ **DBA – Fictitious Name Filing:** Applicants are required to comply with NRS 602.010 and must submit a copy of their fictitious name filing.
- ☒ **Fee:** A non-refundable payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

Applicant Details

Name under which the location will conduct business:

Perfect Cremations

Physical address of proposed location:

1961 Whitney Mesa

City:

Henderson

State:

Nevada

Zip Code:

89014

Phone Number:

702-888-0110

E-mail Address:

perfectcremations@gmail.com

Owner Information

Owner of Location:

County Funeral Services LLC / Marlon Williams

Type of Ownership:



Sole Proprietorship



Corporation



Limited Liability Company (LLC)



Partnership

Managing Funeral Director Information

Name of Funeral Director who will manage this location:

Larinique Mickens Resides within 20 miles of facility. MFD for one other facility.

FD License #:

FD 949

Direct Cremation Facility Permit Application

Location Inspection

Anticipated date location will be ready for inspection:

1/22/24

Applicant Preferred Mailing Address*Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the permit is issued (e.g. renewal notices).*

Mailing Address: (All Board correspondence will be sent to this address.)

1504 Sagewood Dr

City:

Desoto

State:

Texas

Zip Code:

75115

Preferred Phone Number:

901-679-2125

Preferred E-mail Address:

marlon@countyfuneralservices.com

Applicant Information – Natural Person*Complete this section if applicant is a sole proprietor and not incorporated.*

Full Legal Name:

Dr. Marlon Williams

Mailing Address:

1504 Sagewood Dr

City:

Desoto

State:

TX

Zip Code:

75115

Phone Number:

9016792125

E-mail Address:

marlon@countyfuneralservices.com

Social Security Number:

Date of Birth:

Sex:

☒ Male☐ FemaleCitizenship: ☒ US Citizen ☒ Authorized to Work in the US

Place of Birth:

List all prior names used by applicant:

Applicant Information – Limited Liability Company (LLC), Corporation or Partnership*Complete this section if applicant is a Limited Liability Company, Corporation, or Partnership.*

Under the laws of which state was the applicant organized?

Nevada

In which state is the applicant currently domiciled?

Texas

Date applicant was organized (e.g. date articles of incorporation filed):

2018

Have you attached the List of Principals?

☐ Yes☒ No**Contact Information Concerning Application***Enter the name and contact information of the person the Board should contact concerning this application.*

Name:

Dr. Marlon Williams

Address:

1504 Sagewood

City:

Desoto

State:

Texas

Zip Code:

75115

Phone Number:

901-679-2125

E-mail Address:

marlon@countyfuneralservices.com

Direct Cremation Facility Permit Application

Legal Information and Criminal History

For the purpose of these next sections, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons.

1. If the applicant is a natural person, only the natural person making the application;
2. If the applicant is a corporation, all officers and directors of that corporation;
3. If the applicant is a limited liability company, all managers and members of the limited liability company;
4. If the applicant is a partnership, all partners.

Has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning any person subject to disclosure requirements in process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)		
Has any person subject to disclosure requirements ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

General Questions

Do you understand that pursuant to statute, any advertising, including, without limitation, signage, must specify that the facility is limited to providing direct cremation services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute, this permit, if issued, must be conspicuously displayed at the business location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute, all funeral directors and funeral arrangers employed at the location must conspicuously display their license at the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute, the Board shall collect a \$10 regulatory fee for each written and signed agreement for funeral services in the State of Nevada?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to statute an inspection may be conducted prior to issuing and renewing a permit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Nevada Business License Information

Name on State Business License:

Perfect Cremations

Business License #:

2020313887

Employer Identification Number:

83-2945686**Other Licensure Information**

Does the applicant now hold, or has the applicant ever in the past held a license, permit, or certificate in the State of Nevada or any other state or jurisdiction as a funeral establishment, direct cremation facility, cemetery, or crematory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue

Direct Cremation Facility Permit Application

Certification and Signature

All applications shall be signed by the applicant. Signatures shall be as follows:

- 1) If the applicant is a natural person, the application shall be signed by that person.
- 2) If the applicant is a corporation, the application shall be signed by the corporation's president.
- 3) If the applicant is a partnership, the application shall be signed by a partner who has authority to sign on behalf of the partnership.
- 4) If the applicant is a limited liability company, the application shall be signed by a member of the company who has authority to sign on behalf of the company.

I hereby apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a permit is issued and it is later determined that false or misleading information was provided, the permit may be revoked.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understand that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

I authorize any court, law enforcement agency, or licensing authority to release or make available to the Nevada Funeral and Cemetery Services Board any and all information they may have concerning applicant.

I declare that I will comply with all requirements under Nevada Revised Statutes relating to the permit for which I have applied.

I declare that I have authority to sign this application in accordance with the requirements stated.



Signature of Applicant and/or Authorized Agent

1/22/24

Date

Marlon Williams

Print Name

Owner

Title

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Ref. No.:	
<input type="checkbox"/> Ex Dir Rev.:		<input type="checkbox"/> Chairman Rev.:		<input type="checkbox"/> Permit/Lic No:	
<input type="checkbox"/> Temp Approval:		<input type="checkbox"/> Temp Permit Mailed:			
<input type="checkbox"/> Board Approved:		<input type="checkbox"/> Board Denied:		<input type="checkbox"/> Board Mtg:	
<input type="checkbox"/> Format Approval:		<input type="checkbox"/> Format Permit Mailed:		<input type="checkbox"/> Withdrawn:	



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>**Business Entity – List of Principals**

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

Perfect Cremations

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

Marlon Williams

Title:

Owner

Mailing Address:

1504 Sagewood Dr

City:

Desoto

State:

TX

Zip Code:

75115

Phone Number:

901-679-2125

E-mail Address:

marlon@countyfuneralservices.com

Social Security Number:

Date of Birth:

This person is (check all that are applicable):

☐ Corporate Officer ☐ Corporate Director ☒ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason?

☐ Yes☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process?

☐ Yes☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?

☐ Yes☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?

☐ Yes☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)

☒ Yes☐ No**Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.**

I am not subject to a court order for the support of a child.



I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.



I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Date:

1/22/24

Direct Cremation Facility Permit Application

Credit Card Payment Information

Payment Method

Applicant Name:

Marlon Williams



Amount:

\$375

Name on Credit Card:

Marlon Williams

Credit Card Number:

8347

Expiration Month/Year

02/28

Billing Address

1504 Sagewood Dr

Billing City, State & Zip

Desoto Texas 75115

Email for Receipt:

marlon@countyfuneralservices.com

Authorization

Signature:

Marlon Williams

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>**Criminal History Reporting Form****Information**

This form is required in conjunction with license application forms if applicant has prior criminal history. Each event on this form should indicate a separate event in which charges were filed.

If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:

Marlon Williams

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:

2017

Court Location:

Tarrant

Case Number:

1483573

Crime Charged:

DUI

Case Outcome:

☒ Pled Guilty☐ Found Guilty☐ Pled no contest☐ Pending☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:

06/15/2017

Penalty Imposed:

DUI

Type of Conviction☐ Category A or B Felony☐ Gross Misdemeanor☐ Other:☐ Category C, D or E Felony☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☐ Yes☒ No

Do you have any other criminal record items to disclose?

☐ Yes☒ No

If yes, each item requires another copy of this form.

Explanation of Event

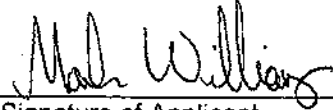
Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Charged DUI after leaving a late night.

Criminal History Form

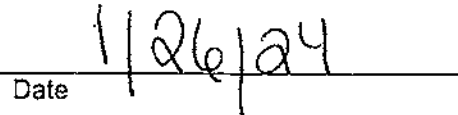
Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

The undersigned agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this criminal history review, and understands that any information submitted, including this form, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.



Signature of Applicant



Date

Marlon Williams

Print Name

From: [Marlon Williams](#)
To: [Stephanie McGee](#)
Subject: Direct Cremation Facility
Date: Monday, January 22, 2024 3:13:20 PM
Attachments: [DirectCremationFacility.pdf](#)

Hello Stephanie,
Please see attached document.
Warm Regards,
Dr. Williams

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89 09 9
US

77 -82 - 3

Order Information

Description: g e fact C emation DC App 01.23.2024

Order Number: P g .O. Number :

Customer ID: g Invoice Number :

Billing Information g

ma Williams
1 04 S eewood D
Desoto, X 7 11

ma lon@countyfuneralhomes.com g

Shipping Information

Shipping : 0.00

Tax: g 0.00

Total: USD 375.00 g**Payment Information g**

Date/ Time: 26-Jan-2024 13: 1:27 S

Transaction ID: 8024469134

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/ pending Settlement g

Authorization Code: 03830B

Payment Method: Visa XXXX8347

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

COUNTY FUNERAL SERVICES L.L.C.

Nevada Business Identification # NV20181922945

Expiration Date: 12/31/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B202401264299885

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 01/26/2024.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State



City of Henderson Finance Department
Business License Division
240 S Water Street
Henderson, NV 89015
702-267-1730

License #: 2020313887

COUNTY FUNERAL SERVICES L.L.C.
DBA: PERFECT CREMATIONS
700 PYRAMID DR
LAS VEGAS, NV 89107

BUSINESS LICENSE
CITY OF HENDERSON, NEVADA

Expiration: 5/31/2024
License Type/#: Gross Revenue/2020313887
License Sub-Type: Miscellaneous
Business Name (DBA): PERFECT CREMATIONS
Business Location: 1961 WHITNEY MESA DR
HENDERSON, Nevada 89014

A Place To Call Home

Jatasha Millipin
SUPERVISING BUSINESS LICENSE TECHNICIAN



Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:

☒ New Application

☐ Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

07 RECEIVED

Please Print or Type

APR 19 2021

COUNTY CLERK

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: Perfect Cremations

Mailing Address: 1961 Whitney Mesa Henderson NV 89014

(Mailing Address for notification of renewal)

Mailing Address

City, State, Zip

Owner (Sole Proprietor or

Registered Legal Entity): County Funeral Services LLC

(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Marlon Demand Williams

Full Name of Authorized Signer

1961 Whitney Mesa

Street Address of Business or Residence

Signature

Henderson NV 89014

City, State, Zip

Date

4/13/21

Signed By:

(Use if needed) Full Name of Authorized Signer

Signature

Date

Street Address of Business or Residence

City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF Texas

COUNTY OF Dallas

SS:

This instrument was acknowledged before me on

April 13, 2021

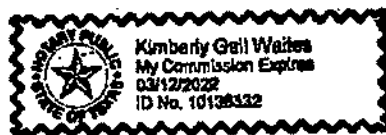
(Date)

by Marlon Demand Williams

(Name of individual(s) whose signature(s) is/are being notarized)



Kimberly Gail Waites
Signature of Notary Public/Deputy Clerk





State of Nevada
FUNERAL AND EMBALMING SERVICES BOARD
40 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5555
Fax (775) 507-4102
Email vfufuneralboard@fb.nv.gov

Direct Cremation Facility Inspection Checklist

GENERAL INFORMATION

In accordance with NRS 642.067, NRS 642.65 and NRS 642.45, the Nevada Board of Funeral and Cemetery services has authority to inspect any premises where funeral directing is conducted or embalming practiced, and is required to make unannounced inspections of each location issued a permit by the Board.

Name under which the location conducts business 3 Perfect Cremations

Permit Number

Physical Address 3 1961 Whitney Lane

City 3 Henderson

State 3 NV

Zipcode 3 89014

Physical Address 3 1504 Sagewood Drive

City 3 Desoto

State 3 X

Zipcode 3 75115

Phone Number 3 7028880110

Fax Number

Owner Location 3 County Funeral Services LLC / 1961 Williams

Ownership type 3 LLC

Name of funeral director currently approved to manage this location 3 Larique, Charles

DL License Number 3 D949

photo of outside of building 3





tat of vada
 FU E ALA D CEMETE Y E V CE BOA D
 3740 Lak sd Drv , ut 201, no, vada, 89509
 Phon (775) 825-5535
 Fax (775) 507-4102
 Ema l nvfun ralboard@fb.nv.gov

Dir t Cr mat on Fa lt Insp t on Ch kl st R

photo of lobb



p
 p
 ot s:
 Alarm was b p ng upon arr val. Met with Larn qu Mi k ns. Sh ould not fnd th k to th door.
 s h dul for th n xt morn ng. Alarm was st ll b p ng. Sh was abl to turn th alarm off.

LICE SES

P rmit with name of own r d spla d onsp uousl ? Y s
 (S 642.465)
 Ar all nd v duals me t ng with famil s to mak Y s
 arrang ments prop rl l ns d? (S 642.340) (S R
 642.361)
 Fun ral dr tors' and fun ral arrang rs' l ns s R Y s
 d spla d onsp uousl ? (S 642.460)
 Do sth lo at on s ll, sol t, n got at or s a part to R o
 an pr n d ontra tor provd pr n d s rv s?
 ot s:
 Photo of d spla d l ns s R





State of Nevada
 FUNERAL AND METRYS R I S OAR
 3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
 Phone (775) 825-5535
 Fax (775) 507-4102
 mail nvfuneralboard@fb.nv.gov

Direct Cremation Facility Inspection Checklist

LIST NAMES AND LICENSE NUMBERS

Name Larnique Mickens
 License Number FB 99

ADVERTISING

Does the facility advertise? N
 Does advertising and signage specify that the facility is
 limited to providing direct cremation services? (NRS
 642.5172) N
 Notes:
 No signage on the door. Mailed blank inspection reports to both Mr. Williams and Larnique Mickens prior to the inspection. Post inspection, received email from F. Mickens indicating they will provide pictures of the door signage when installed.
 Photo of signage

GENERAL PRICE LIST

Does the facility have a supply of the GPL readily available? NRS 642.019, 16 FR 453.3(b)(4)(i)(A) Yes
 Has the facility kept a copy of the GPL, PL, O B PL and SFGSS for one year after the date of their last distribution to customers? NRS 642.019, 16 FR 453.6 N/A
 Does the GPL contain the name, address, and phone number of the facility? NRS 642.019, 16 FR 453.2 (b)(4)(i)() (1) Yes
 Does the GPL contain the caption "General Price List"? Yes
 NRS 642.019, 16 FR 453.2 (b)(4)(i)() (2)
 Does the GPL list the effective date? NRS 642.019, 16 FR 453.2 (b)(4)(i)() (3) Yes
 Does the GPL include the retail prices for all items listed below? NRS 642.019, 16 FR 453.2 (b)(4)(ii) Yes
 Check all items that are listed below:
 Forwarding remains to another funeral home ☐
 Receiving remains from another funeral home ☐
 Price range for direct cremations ☒
 Separate price for direct cremations; purchaser provides container ☒
 Separate prices for each direct cremation offered including an alternative container ☒
 Transfer of remains ☒
 Price range for caskets or individual prices for caskets ☐
 Funeral director and staff services fees ☒
 Notes:
 They only offer a cremation container. No caskets are listed.



State of Nevada
 FUNERAL AND EMBERY SERVICE BOARD
 3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
 Phone (775) 825-5535
 Fax (775) 507-4102
 Email nvfuneralboard@fb.nv.gov

Direct cremation Facility inspection checklist

GENERAL PRACTICES

Is the following disclosure included in immediate conjunction with the price range shown for direct cremations? Yes

NR 642.019, 16 FR 453.3(b)(2)

"If you want to arrange direct cremation, you can use an alternative container. Alternative containers enclose the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers)."

Is the following disclosure included immediately above the prices contained in the GPL? Yes

NR 642.019, 16 FR 453.4(b)(2)(i)

"The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include charges for basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected."

If the location lists separate basic services fee that is non-declinable, is the following disclosure included together with that price? Not Verbatim

NR 642.019, 16 FR 453.2(4)(iii)(i)(1)

"This fee for our basic services will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, and forwarding or receiving remains.)"

If the location only states the range of prices for the caskets on the GPL, is the following disclosure included with the price range? N/A

NR 642.019, 16 FR 453.2(4)(iii)(A)(1)

"A complete price list will be provided."

Notes

They only offer cremation container. Not sure this fee for our basic services disclosure should further include "and forwarding or receiving remains."

EMIZE A MEMORIAL OF FUNERAL GOOD AND SERVICE



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD
 74 Lakeside Drive, Suite 1, Reno, Nevada, 89505
 Phone (775) 825-5535
 Fax (775) 577-4122
 Email vfunder@fbnv.gov

Direct Cremation Facility Checklist

Does the location provide itemized written statement Yes
 for release to the purchaser of the goods of
 the decedent's personal property which are the funeral
 goods and funeral services selected and the release to
 be made for the item? NRS 642. 19, 16 CFR 453.2(b)(5)
 Does the statement sufficiently itemize services Yes
 items to the extent known? NRS 642. 19, 16 CFR
 453.2(b)(5)
 Does the statement of the total cost of the goods and Yes
 services selected? NRS 642. 19, 16 CFR 453.2(b)(5)
 Does the statement of funeral goods and services Yes
 describe briefly describe written legally,
 cemetery,
 or crematory requirements with the funeral provider
 releases to persons compelling the purchaser of
 funeral goods and services for the funeral with that
 persons responsibility?
 NRS 642. 19, 16 CFR 453.3(d)(2)
 Notes:

STATEMENT OF FUNERAL GOODS AND SERVICES DISCLOSURE

Is the following disclosure included in the statement Not Verbally
 of the purchaser with the list of itemized services?
 NRS 642. 19, 16 CFR 453.3(f)(2)
 "We charge you for our services obtained: (specify
 services items)."
 Is the following disclosure included in the statement of Yes
 funeral goods and services selected?
 NRS 642. 19, 16 CFR 453.4(2)(A)
 "Charges are only for those items that you selected or
 that are required. If we are required by law or by
 cemetery or crematory to use any items, we will explain
 the reasons written below."
 Notes:

CASKET PRICE LIST

Does the location provide casket price list? No
 NRS 642. 19, 16 CFR 453.2(b)(2)
 (If release of casket price list is required, then the statement
 is required)
 Notes:

They will have alternative caskets for cremation only. They list the Alternative Casket at \$2,000.

FACILITY FORMS AND RECORDS



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD
 3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
 Phone (775) 825-5535
 Fax (775) 507-4102
 Email fb.boards@fb.v.ov

Direct Cremation Facility Inspection Checklist

Is facility maintain records for at least 7 years? (NAC 451.200)	N/A
Are complete sales of funeral goods and services signed by licensee whom a death arrangement is? (NAC 642.152)	N/A
Do complete sales of funeral goods and services comply with license number of the individual whom a death arrangement is? (NAC 642.152)	N/A
Does the facility provide a disclosure statement that the provider cremation facility is unable to provide rites or ceremonies in conjunction with the final disposition of the remains? (NAC 642.156)	Yes
Does the facility provide a disclosure statement that the provider cremation facility is unable to provide facilities or conduct rites or ceremonies in conjunction with the final disposition of the remains? (NAC 642.156)	Yes
Does the facility provide a disclosure statement that the provider cremation facility is unable to provide embalming of human remains? (NAC 642.156)	Yes
Does the facility provide a disclosure statement that the provider cremation facility is unable to provide burial services? (NAC 642.156) p	Yes
Does the facility provide a disclosure statement that the provider cremation facility is unable to provide for a viewing of the remains so that the family can identify the viewing? (NAC 642.156)	Yes
Do records generally appear to be in good order? p	No
If remains are stored or cremated at this location, do forms advise consumer of the location where remains will be stored or cremated? (NAC 642.154) p	Yes
No es	

Their disclosures for prohibitive services are in different locations on the General Price List.

CREMATION AUTHORIZATION FORM

This may be reviewed as part of direct cremation facility inspection and/or cremation inspection	
Review written authorization form to ensure that it complies with the following information	
Does the form indicate if the deceased is deceased? (NRS 451.660)	Yes
Does it comply with a statement of whether death occurred from communicable or otherwise dangerous disease? (NRS 451.660)	Yes
Does it list the name and address of a person? (NRS 451.660) p	Yes



State of Nevada
 FUNERAL AND CEMETERY SERVICES BOARD
 3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
 Phone (775) 825-5535
 Fax (775) 507-4102
 Email vulebo@d@fb.vovf

Direct Cremation Facility Inspection Checklist

Does it list the relationship to decedent? (NRS 451.660) Yes

Does it contain the statement that the crematorium has no objection to cremation by anyone who has the right to control the disposition of remains? (NRS 451.660) Yes

Does it list the crematorium personnel authorized to cremate remains on the premises of the crematorium to whom the remains are to be sent? (NRS 451.660) Yes

Notes:

GENERAL LOCATION MANAGEMENT

Is the proposed main use of the facility consistent with the proposed main use of the facility? (Not required) Proposed main use of the facility was consistent.

How often is the proposed main use of the facility consistent with the proposed main use of the facility? Business is still open yet.

Is the main use of the facility consistent with the proposed main use of the facility? N/A

Does the main use of the facility live within 120 miles of the location? (NAC 642.116) Yes

Does the main use of the facility maintain a minimum of 3 locations? (NAC 642.116) Yes

Is the main use of the facility maintained within 120 miles of each other? (NAC 642.116) Yes

Does it appear that the location is being maintained in its current condition? (NRS 642.465) Yes

Notes:

Initial inspection. No structural or water problems observed to business. They are proposing

Leisure Mikes as the main use of the facility.

New Photo





State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD
 3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
 Phone (775) 825-5535
 Fax (775) 507-4102
 Email vlbo_d@fb.vovf

Direct Cremation Facility Inspection Checklist

Does it list the relationship to decedent? (NRS 451.660) Yes

Does it contain a statement that the crematory waives any objection to cremation by anyone who has a right to control the disposition of remains? (NRS 451.660) Yes

Does it list the name of the person authorized to claim cremated remains on the part of the cemetery or person to whom the remains are to be sent? (NRS 451.660) Yes

Notes:

GENERAL LOCATION MANAGEMENT

Is the proposed main use of the facility on-site or off-site? (Not required) Proposed main use of the facility was on-site.

How often is the proposed main use of the facility on-site to maintain the location? Business is still open yet.

Is the main use of the facility available to the public? N/A

Does the main use of the facility live within 120 miles of the location? (NAC 642.116) Yes

Does the main use of the facility maintain a minimum of three locations? (NAC 642.116) Yes

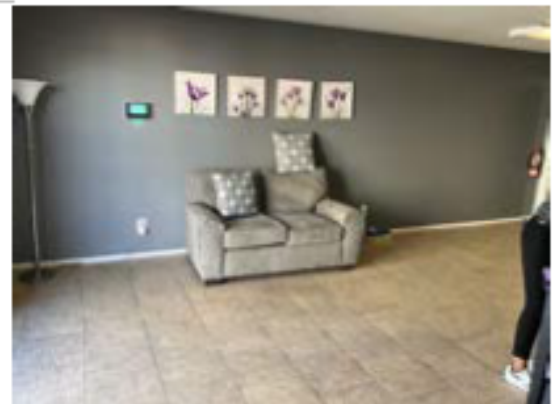
Is the main use of the facility maintained within 120 miles of each other? (NAC 642.116) Yes

Does it appear that the location is being maintained in its present possession? (NRS 642.465) Yes

Notes:

Initial inspection. No statement. Owner waiting for approval to operate business. They are proposing to purchase the main use of the facility.

New Photo





State of Nevada
 FUNERAL HOME CEMETERY SERVICES BOARD
 374 Lakeside Drive, Suite 1, Reno, Nevada, 89509
 Phone (775) 825-5535
 Fax (775) 577-4112
 Email: info@funeralboard.nv.gov

Direct Cremation Facility Inspection Checklist

Do the fees schedule generally correspond to the number of funeral services or death records taken through the Office of Vital Records? NRS 642.696 If not, request information on how those fees are reported.

Notes

Initial inspection.

INSPECTION INFORMATION

Date of Inspection: 2/22/2024
 Time of Inspection: 1:55 AM
 Type of Inspection: Initial
 Name of Inspector: Dr. Wayne A. Fazzano
 Signature of Inspector:

Wayne A. Fazzano

Name of Agency Representative at Time of Inspection: 0 Larnique Mickens
 Signature of Agency Representative at Time of Inspection:

Larnique Mickens

Does it appear that any tests may need to be reported to local or state health authorities, OSHA, or the Federal Trade Commission?

Some disclosures on the General Price List are not verbatim as required by the Federal Trade Commission. This is the initial inspection for the crematory to operate as a Direct Cremation facility.

Additional Photo

Additional Photo

Additional Photo 0

From: [Dr. Marlon Williams](#)
To: [Stephanie McGee](#)
Subject: Perfect Cremations Signage
Date: Tuesday, March 19, 2024 11:22:37 AM

Hello Stephanie,
Please see attached.



Perfect Cremations

•a direct cremation provider•

General Price List

702-888-0110

www.perfectcremations.com

The goods and services shown below are those that we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected. Prices are effective as of 4/1/2024 (prices subject to change without notice) *A fee will be applied to all credit card transactions*

Perfect Cremations is a licensed direct cremation facility, providing direct cremations and sales of funeral related merchandise.

Basic Services of the Funeral Staff (non-declinable) \$ 795 - \$995

(This fee for our basic services will be added to the total cost of the funeral arrangements you select. This fee is already included in our charges for direct cremations.)

Our charge includes, but is not limited to:

Shelter and care of the deceased

Arrangement conference

Obtaining necessary authorizations and signatures from doctors/hospitals/hospices

Preparing and filing of death certificate

Coordinating with others who provide portions of the requested services

A proportionate share of our basic overhead cost

Preparation

*Refrigeration after initial 5 days \$ 75 per day

*Refrigeration charges apply only if the progression of the case is delayed by the NOK in any manner.

Services and Facility

Additional transport person (required on all house calls)

\$ 75

Crematory charges

\$350

Identification Viewing

\$ 250

Witnessing of the Cremation

\$ 300

Removal of Pacemaker (may be required)

\$ 75

Over 300lb charge/400lb/500lb

\$ 150/250/350

Scattering of Ashes

\$ 100

Personalized Scattering Video

(includes scattering of cremated remains from a scattering tube)

\$250

Separation of Remains/Filling Fees

\$ 10/\$40

Consulate paperwork

\$ 300

Transportation

First call removal of deceased	\$ 350
Each mile beyond 25 miles of Simple offices	\$ 4.00 per mile

Other merchandise and services

Caskets/Cremation containers <i>(A complete price list will be provided at the funeral home.)</i>	\$ 15 - \$899
In-home arrangement fee	\$ 200
Mail Death Certificates via Federal Express	\$ 50
Certified death certificate ordering and retrieval fee	\$ 40
Electronic Photo of Deceased	\$ 25
Filing / Documentation Fee (Local)	\$ 85
Human Remains Pouch	\$ 95
Clip and provide a lock of hair	\$ 25
Permanent containers / Urns (price lists available upon request)	
Keepsakes (price lists available upon request)	
Engraving	\$ 89 +
Fingerprints	\$ 25

Cash Advance Items

Southern Nevada Death Certificates	\$ 38/\$25
Nevada State Funeral Board Fee	\$ 10

Additional services and ancillary items

Mailing of cremated remains by registered mail (requires plastic urn; custom urns may cost additional to ship)	\$ 150
Local delivery of cremated remains	\$ 100
Expedite fee for requesting cremation within 24 hours of obtaining permit	\$ 350
Out of County processing/filing fee charges	\$ 200
Affidavit	\$ 150
Receiving of remains	\$200



(Direct Cremation Range \$784-\$995)

Basic Perfect Cremation Package **\$795**

Basic services of our staff to manage the funeral process
Pick-up and care of the deceased (single transport driver)
Prepare necessary legal documents, obtain written authorizations and file all required paperwork with the Health Department (within Clark and Washoe Counties)
Alternative Cremation Container



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

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MAR 13 2022
MAR 13 2024

Funeral Establishment Permit Application

Eligibility and Information

Any individual or entity wishing to obtain a funeral establishment permit in the State of Nevada must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all required documentation, a background check will be completed for all relevant individuals and the application will be reviewed by the Board during a public meeting.

Required Documents

- ☐ **Completed Application:** Applications are required to be completed in full and must be signed.
- ☐ **Criminal History Form:** This document must be completed by anyone subject to disclosure requirements if there are any criminal events to report. Form may be found on the Board website or mailed upon request.
- ☐ **Business Entity: List of Principals:** This form must be completed for any corporations, LLC's or partnerships.
- ☐ **Nevada Business License:** Applicants are required to comply with Nevada business licensing requirements and must include a current copy of State of Nevada business license.
- ☐ **Zoning:** A copy of the Zoning Permit issued by the City or County must be attached to this application.
- ☐ **DBA – Fictitious Name Filing:** Applicants are required to comply with NRS 602.010 and must submit a copy of their fictitious name filing.
- ☐ **Fee:** A non-refundable payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

Applicant Details

Name under which the location will conduct business:

PULIDO FUNERALS

Physical address of proposed location:

3390 S SANDHILL RD

City:

LAS VEGAS

State:

NV

Zip Code:

89121

Phone Number:

702-881-9992

E-mail Address:

peter@funeralstats.info

Owner Information

Owner of Location:

FuneralStats, LLC

Type of Ownership:

☐

Sole Proprietorship

☐

Corporation

☒

Limited Liability Company (LLC)

☐

Partnership

Managing Funeral Director Information

Name of Funeral Director who will manage this location:

PETER PULIDO

Resides 18 miles from facility. SBM 03.15.2024

FD License #:

964

Funeral Establishment Permit Application

Location Inspection

Anticipated date location will be ready for inspection:

03/15/2024

Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the permit is issued (e.g. renewal notices).

Mailing Address: (All Board correspondence will be sent to this address.)

9360 W Flamingo Rd, STE 110, PMB 207

City:

Las Vegas

State:

NV

Zip Code:

89147

Preferred Phone Number:

7027554490

Preferred E-mail Address:

peter@funeralstats.info

Applicant Information – Natural Person

Complete this section if applicant is a sole proprietor and not incorporated.

Full Legal Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Social Security Number:

Date of Birth:

Sex:

☐

Male

☐

Female

Citizenship:

☐

US Citizen

☐

Authorized to Work in the US

Place of Birth:

List all prior names used by applicant:

Applicant Information – Limited Liability Company (LLC), Corporation or Partnership

Complete this section if applicant is a Limited Liability Company, Corporation, or Partnership.

Under the laws of which state was the applicant organized?

NEVADA

In which state is the applicant currently domiciled?

NEVADA

Date applicant was organized (e.g. date articles of incorporation filed):

01/04/2022

Have you attached the List of Principals?

☒

Yes

☐

No

Contact Information Concerning Application

Enter the name and contact information of the person the Board should contact concerning this application.

Name:

PETER PULIDO

Address:

3308 CANYON LAKE DR

City:

LAS VEGAS

State:

NV

Zip Code:

89117

Phone Number:

7027554490

E-mail Address:

peter@funeralstats.info

Funeral Establishment Permit Application

Legal Information and Criminal History

For the purpose of these next sections, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons.

1. If the applicant is a natural person, only the natural person making the application;
2. If the applicant is a corporation, all officers and directors of that corporation;
3. If the applicant is a limited liability company, all managers and members of the limited liability company;
4. If the applicant is a partnership, all partners.

Has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning any person subject to disclosure requirements in process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)		
Has any person subject to disclosure requirements ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

General Questions

NRS 642.016 defines a funeral establishment as a place of business conducted at a specific street address or location devoted to the care and preparation for burial or transportation of dead human bodies, consisting of a preparation room equipped with a sanitary floor, necessary drainage and ventilation, having access to necessary instruments and supplies for the preparation and embalming of dead human bodies for burial or transportation and having a display room containing an inventory of funeral caskets. (Partial caskets, photographs or internet displays may fulfill the inventory requirement.) Does this establishment meet this definition? <i>If no, you may not use this form and must contact the Board office for further instructions.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to NRS 642.465, this permit, issued, must be conspicuously displayed in the establishment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to NRS 642.110, 642.280, and 642.460 all funeral directors, embalmers and apprentice embalmers employed at the establishment must conspicuously display their licenses at the establishment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to NRS 642.0696, the Board shall collect a \$10 regulatory fee for each written and signed agreement for funeral services in the State?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
In accordance with NRS 642.435, do you understand that an inspection must be conducted prior to issuing and renewing a permit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Nevada Business License Information

Name on State Business License:

FuneralStats, LLC

Business License #:

NV20222319969

Employer Identification Number:

874244109

Funeral Establishment Permit Application

Other Licensure Information

Does the applicant now hold, or has the applicant ever in the past held a license, permit, or certificate in the State of Nevada or any other state or jurisdiction as a funeral establishment, direct cremation facility, cemetery, or crematory?

☐

Yes

☒

No

If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue

Certification and Signature

All applications shall be signed by the applicant. Signatures shall be as follows:

- 1) If the applicant is a natural person, the application shall be signed by that person.
- 2) If the applicant is a corporation, the application shall be signed by the corporation's president.
- 3) If the applicant is a partnership, the application shall be signed by a partner who has authority to sign on behalf of the partnership.
- 4) If the applicant is a limited liability company, the application shall be signed by a member of the company who has authority to sign on behalf of the company.

I hereby apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a permit is issued and it is later determined that false or misleading information was provided, the permit may be revoked.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understand that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

I authorize any court, law enforcement agency, or licensing authority to release or make available to the Nevada Funeral and Cemetery Services Board any and all information they may have concerning applicant.

I declare that I will comply with all requirements under Nevada Revised Statutes relating to the permit for which I have applied.

I declare that I have authority to sign this application in accordance with the requirements stated.



Signature of Applicant and/or Authorized Agent

03/10/2024

Date

Peter N Pulido

Print Name

Manager

Title

RECEIVED

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MAR 13 2024

For Board Use Only:

<input type="checkbox"/> Date Received:	<input type="checkbox"/> Fee Paid: \$	<input type="checkbox"/> Ref. No.:
<input type="checkbox"/> Ex Dir Rev.:	<input type="checkbox"/> Chairman Rev.:	<input type="checkbox"/> Permit/Lic No.:
<input type="checkbox"/> Temp Approval:	<input type="checkbox"/> Temp Permit Mailed:	
<input type="checkbox"/> Board Approved:	<input type="checkbox"/> Board Denied:	<input type="checkbox"/> Board Mtg:
<input type="checkbox"/> Formal Approval:	<input type="checkbox"/> Formal Permit Mailed:	<input type="checkbox"/> Withdrawn:

Credit Card Payment Information

Payment Method

Applicant Name

PULIDO FUNERALS



Amount:

\$ 375.00

Name on Credit Card:

FUNERALSTATS LLC

Credit Card Number:

3080

Expiration Month/Year

03/26

Billing Address

9360 W FLAMINGO RD STE 110, PMB 207

Billing City, State & Zip

LAS VEGAS, NV 89147

Email for Receipt:

peter@funeralstats.info

Authorization

Signature:

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.

Merchant: BOARD OF FUNERAL CEMETE

3740 L keside D ive
Suite 201
RENO, NV 89509 x
US

775-825-5535

Order Information

Description: x ulido Fune ls ES A 03.13.2024

Order Number: P x .O. Number:

Customer ID: x Invoice Number:

Billing Information x

FUNERALS A S LLC
9360 W. Fl mingo Rd. Ste 110
Las Vegas, Nev d 89147

pete @fune lst ts.info x

Shipping Information

Shipping: 0.00

: 0.00

Total: USD 375.00**Payment Information x**

Date/ time: 14- -2024 13:41:49 D

Transaction ID: x 80332246477

Transaction type: Autho iz tion w/ Auto C ptu e

Transaction Status: C ptu ed/ ending Settlement x

Autho iz tion Code: x 014464

Payment Method: Vis XXXX3080



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
Phone (775) 825-5535 * Fax (775) 507-4102
Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

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MAR 13 2022

Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

PULIDO FUNERALS

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

Peter Nathaniel Pulido

Title:

Manager

Mailing Address:

9360 W FLAMINGO RD, STE 110, PMB 207

City:

Las Vegas

State:

NV

Zip Code:

89147

Phone Number:

(702) 755-4490

E-mail Address:

Peter@funeralstats.info

Social Security Number:

Date of Birth:

This person is (check all that are applicable):

☐ Corporate Officer ☐ Corporate Director ☐ LLC Member ☒ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason?

☐

Yes

☒

No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process?

☐

Yes

☒

No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?

☐

Yes

☒

No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?

☐

Yes

☒

No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)

☐

Yes

☒

No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.



I am not subject to a court order for the support of a child.



I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.



I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Date:

03/10/2024



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
Phone (775) 825-5535 * Fax (775) 507-4102
Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

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MAR 13 2022
RECEIVED
MAR 13 2024

Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

PULIDO FUNERALS

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

Shayla Jennae Pitre

Title:

Member

Mailing Address:

9360 W. Flamingo Rd. Ste 110, Rm B207

City:

Las Vegas

State:

NV

Zip Code:

89147

Phone Number:

702-762-1937

E-mail Address:

[REDACTED]

Social Security Number:

[REDACTED]

Date of Birth:

[REDACTED]

This person is (check all that are applicable):

☐ Corporate Officer ☐ Corporate Director ☒ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason?

☐ Yes ☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process?

☐ Yes ☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?

☐ Yes ☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?

☐ Yes ☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)

☐ Yes ☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.



I am not subject to a court order for the support of a child.



I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.



I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Shayla Pitre

Date:

03-02-24



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

Pulido Funerals

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

Matthew Raul Pulido

Title:

Mailing Address:

City:

State:

Zip Code:

[REDACTED]

Hacienda Heights

CA

91745

Phone Number:

626-826-2245

E-mail Address:

[REDACTED]

Social Security Number:

[REDACTED]

Date of Birth:

[REDACTED]

This person is (check all that are applicable):

- ☐ Corporate Officer ☐ Corporate Director ☒ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason? ☐ Yes ☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process? ☐ Yes ☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked? ☐ Yes ☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending? ☐ Yes ☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.) ☐ Yes ☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

- ☒ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

[Signature]

Date:

02/27/2024

CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2011113-081-102
LICENSE PERIOD: 12/05/2023 - 04/30/2024

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MAR 13 2022

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:
PULIDO FUNERALS
PMB 207
9360 W Flamingo Rd Ste110
Las Vegas, NV 89147

BUSINESS LOCATION ADDRESS:
3390 S Sandhill Rd
Las Vegas, NV 89121

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MAR 13 2024

TYPE OF LICENSE: Personal Services - Group 1

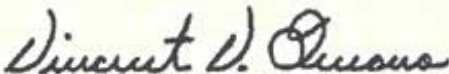
All signage must conform to standards set forth in Clark County Codes 30.72 and 30.48. Business owners are responsible to keep business property free of trash and graffiti, conform to all zoning codes requirements and, if applicable, all conditions set forth in a Notice of Final Action issued by Comprehensive Planning.

Current Planning Comments:

CG zone. Approved office to provide funeral, memorial, burial, and cremation arrangements as an accessory use to retail of funeral and memorial merchandise in conjunction with an existing office building. The applicant is advised this is not an approval for a funeral home as defined by Title 30.07.02 for the preparation of the deceased for burial and/or the display of the deceased or to conduct cremation reduction services at this location. (WS-08-0425)

DISCLAIMER

ISSUANCE OF A BUSINESS LICENSE IS NOT AN ENDORSEMENT OF THE BUSINESS PRACTICE OF THE LICENSEE.
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



VINCENT V. QUEANO
DIRECTOR OF BUSINESS LICENSE

DEPARTMENT OF BUSINESS LICENSE
500 S GRAND CENTRAL PARKWAY
BOX 551810
LAS VEGAS NV 89155-1810
PHONE: (702) 455-4252

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NEVADA STATE BUSINESS LICENSE

FuneralStats, LLC

Nevada Business Identification # NV20222319969

Expiration Date: 01/31/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/06/2024.

FV Aguilar

Certificate Number: B202403064439209

You may verify this certificate
online at <http://www.nvsos.gov>

FRANCISCO V. AGUILAR
Secretary of State



REGISTERED BUSINESS ENTITY

Certificate of Assumed or Fictitious Name

Office of the Clark County Clerk

Lynn Marie Goya

Filing Type: ☒ New ☐ Renewal

This form is used by a registered business entity to file an assumed or fictitious name under which business will be conducted in Clark County, Nevada. A registered business entity is organized pursuant to the laws of Nevada that has filed formation documents with the Office of the Secretary of State; these entities are required to file an Annual List of Officers or its equivalent. For purposes of this form, these include domestic and foreign-qualified corporations, limited-liability companies, limited partnerships, limited-liability partnerships, and limited-liability limited partnerships.

Business Type: (select only one)

- ☐ Corporation ☒ Limited-Liability Company ☐ Limited Partnership ☐ Limited-Liability Partnership
☐ Limited-Liability Limited Partnership ☐ Professional Corporation ☐ Professional Association

Assumed or Fictitious Name: PULIDO FUNERALS

Registered Business Entity: FUNERALSTATS, LLC

Exactly as it is registered (or intends to be registered) with the Nevada Secretary of State

Business Contact: (702) 755-4490

Phone Number

peter@funeralstats.info

Email Address

Mailing Address: 9360 W FLAMINGO RD, STE 210, PMB 207

Street Address

Unit/Apt/Suite/Bldg

LAS VEGAS

City

NV

State/Province

89147

Zip

USA

Country

Print Authorized Signer Name: PETER N. PULIDO

Full Name (first middle last) of the person with signature authority for the registered business entity

Authorized Signer Signature: 

Date: 12/05/2023

BY SIGNING ABOVE, EACH SIGNER DECLARES UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT. A FILED CERTIFICATE FOR AN ASSUMED OR FICTITIOUS NAME UNDER WHICH A BUSINESS IS BEING CONDUCTED IN CLARK COUNTY, NEVADA, IS VALID FOR FIVE (5) YEARS FROM THE FILING DATE.

Office use only - v7.27.23



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Funeral Establishment Inspection Checklist

AUTHORITY

In accordance with NRS 642.067, NRS 642.365 and NRS 642.435, the Nevada Board of Funeral and Cemetery services has authority to inspect any premises where funeral directing is conducted or embalming practiced, and is required to make unannounced inspections of each establishment issued a permit by the Board.

GENERAL INFORMATION

Name under which the location conducts business:	PulidoFunerals
Permit #:	
Physical address:	3390 South Sandhills Road, Las Vegas, Nevada 89121
Mailing address:	9360 West Flamingo Road, Suite 110, PMB 207, Las Vegas, Nevada 89147
Phone number:	702-881-9992
Owner of location:	FuneralStats, LLC
Type of ownership:	LLC
Name of funeral director approved to manage this establishment:	Peter Pulido FD964
Does the establishment have an on-site crematory?	No
Where are bodies from location cremated?	Care Cremation (Aaron Forgey)
Photo of Outside of Building:	





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Funeral Establishment Inspection Checklist

Photo of Signage



Photo of Lobby



LICENSES

Establishment permit with name of owner displayed conspicuously? (NRS 642.465)	Yes
Funeral directors' licenses displayed conspicuously? (NRS 642.460)	Yes
Funeral arrangers' licenses displayed conspicuously? (NRS 642.460)	N/A
Are all individuals meeting with families to make arrangements properly licensed? (NRS 642.361)	Yes
Does the location employ or contract with a licensed embalmer? (NAC 642.161)	Yes
Embalmers' licenses displayed conspicuously? (NRS 642.110)	Yes
Apprentice embalmer certificates of registration displayed conspicuously? (NRS 642.280)	N/A
Does the establishment sell, solicit, negotiate or is party to any pre-need contract or provide pre-need services?	No



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Funeral Establishment Inspection Checklist

Notes

No funeral arranger is employed at this time.

Photo of Displayed Licenses



New Photo



New Photo

New Photo

LIST NAMES AND LICENSE NUMBERS OF ALL LICENSEES:

Name

Peter Pulido FD964

License Number

Name

Pedro Pulido Jr. EMB892R

License Number

PREPARATION ROOM

Does the establishment have a preparation room? (NRS 642.016)

Yes



Funeral Establishment Inspection Checklist

Is there proper signage and locking doors to prevent unauthorized persons from entering preparation room? (NRS 642.560)	Yes
Is the floor sanitary? (NRS 642.016)	Yes
Is there necessary drainage? (NRS 642.016)	Yes
Is there proper ventilation in working order? (NRS 642.016)	Yes
Are fumes and odors prevented from entering other parts of the building? (NRS 642.016)	Yes
Does the location properly store and dispose of hazardous waste? (NRS 444.490)	N/A
Is this preparation room utilized by the establishment?	N/A
Is embalming performed at this location?	N/A

Notes

The preparation room will be used by the establishment once they are licensed.
Preparation Room Signage



Preparation Room Locking Doors:





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Funeral Establishment Inspection Checklist

Preparation Room Drainage:



Preparation Room Ventilation:



Preparation Room Overview Photo:





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Funeral Establishment Inspection Checklist

Hazardous Waste Container Photo:



HUMAN REMAINS

Are human remains stored at this location? N/A

Notes

They have a refrigerator and will store remains once the business is licensed.

Photo of Outside of Refrigeration





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Funeral Establishment Inspection Checklist

Photo of Inside of Refrigeration



Photo of Temperature Gauge



Additional Holding Areas
Additional Photo

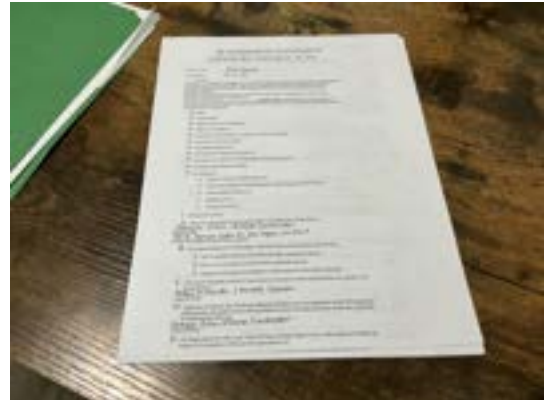
GENERAL ESTABLISHMENT MANAGEMENT

Is the approved managing funeral director on-site for inspection? (Not required)	Yes
How often is the approved managing funeral director on-site to manage establishment?	When needed.
Is the managing funeral director available to staff for supervision? (NRS 642.345)	Yes
Does the managing funeral director live within 120 miles of the location? (NAC 642.116)	Yes
Does the managing funeral director manage more than 3 locations? (NAC 642.116)	No
If the managing funeral director manages more than one location are they within 120 miles of each other? (NAC 642.116)	N/A



Funeral Establishment Inspection Checklist

Does it appear that the location is being maintained in a professional and sanitary manner? (NRS 642.465) (NAC 642.158)	Yes
Does the location have a blood borne pathogen exposure control plan and do they update the plan annually? (29 CFR 1910.1030)	Yes
Have all employees with potential exposure been provided blood borne pathogen training annually? (29 CFR 1910.1030)	Yes
Have all employees with potential exposure been offered a hepatitis B vaccination? (29 CFR 1910.1030)	Yes
Notes	
Photo of blood borne pathogen exposure control plan	



ESTABLISHMENT FORMS AND RECORDS

Is the establishment maintaining records for at least 7 years? (NAC 451.200)	N/A
Are completed statements of funeral goods and services signed by the licensee who made the arrangements? (NAC 642.152)	N/A
Do completed statements of funeral goods and services contain the license number of the individual who made the arrangements? (NAC 642.152)	N/A
Are embalming reports being completed for each decedent after embalming? (NAC 642.168)	N/A
Do the embalming reports include the time period between death and embalming? (NAC 642.168)	Yes
Do the embalming reports include the procedures used to embalm the remains? (NAC 642.168)	Yes
Do the embalming reports include the signature of the embalmer or apprentice embalmer who embalmed the remains? (NAC 642.168)	Yes



Funeral Establishment Inspection Checklist

If remains are not stored or cremated at this location, do the forms advise consumer of the location where the remains will be stored or cremated? (NAC 642.154) Yes
Do records generally appear to be in good order? Yes
Notes

CASKET INVENTORY

Does the establishment have a display room containing an inventory of funeral caskets? Yes
(NRS 642.016, NAC 642.030) Internet or catalogue display fulfills this requirement.
Do the prices of displayed caskets conform to the casket price list? (16 CFR 453.2(a)(b)) Yes
Notes:
They use a catalogue for the display of caskets.
Photo of casket display room or catalogue



CASKET PRICE LIST

Does the establishment provide a casket price list? Yes
(NRS 642.019, 16 CFR 453.2(b)(2))
(If prices of all caskets are listed on the GPL, this item is not required)
Does the casket price list contain the name of the funeral establishment and a caption describing the list as a "casket price list"? Yes
NRS 642.019, 16 CFR 453.2(b)(2)(ii)
Does the casket price list contain the retail prices of all caskets and alternative containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list? Yes
(NRS 642.019, 16 CFR 453.2(b)(2)(i))



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Funeral Establishment Inspection Checklist

Notes

Casket Price List matches the General Price List casket range.

GENERAL PRICE LIST (GPL)

Does establishment have a supply of the GPL readily available?	Yes
NRS 642.019, 16 CFR 453.3(b)(4)(i)(A)	
Has the establishment kept a copy of the GPL, CPL, OBCPL and SFGSS for one year after the date of their last distribution to customers?	N/A
NRS 642.019, 16 CFR 453.6	
Does the GPL contain the name, address, and phone number of the establishment?	Yes
NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(1)	
Does the GPL contain the caption "General Price List"?	Yes
NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(2)	
Does the GPL list the effective date?	Yes
NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(3)	
Does the GPL include the retail prices for all items listed below?	Yes
NRS 642.019, 16 CFR 453.2 (b)(4)(ii)	
Check all included items below:	
Forwarding remains to another funeral home	<input checked="" type="checkbox"/>
Receiving remains from another funeral home	<input checked="" type="checkbox"/>
Price range for direct cremations	<input checked="" type="checkbox"/>
Separate price for direct cremations; purchaser provides container	<input checked="" type="checkbox"/>
Separate prices for each direct cremation offered including an alternative container	<input checked="" type="checkbox"/>
Price range for immediate burials	<input checked="" type="checkbox"/>
Separate price for immediate burial where purchaser provides the casket	<input checked="" type="checkbox"/>
Separate price for each immediate burial offered including a casket or alternative container	<input checked="" type="checkbox"/>
Price range for caskets or individual prices for caskets	<input checked="" type="checkbox"/>
Funeral director and staff services fees	<input checked="" type="checkbox"/>
Transfer of remains to the funeral home	<input checked="" type="checkbox"/>
Embalming	<input checked="" type="checkbox"/>
Other preparation of the body	<input checked="" type="checkbox"/>
Use of facilities and staff for viewing	<input checked="" type="checkbox"/>
Use of facilities and staff for memorial service	<input checked="" type="checkbox"/>
Use of equipment and staff for graveside service	<input checked="" type="checkbox"/>
Hearse	<input type="checkbox"/>
Limousine	<input type="checkbox"/>
Price range for outer burial containers or the prices of individual outer burial containers	<input type="checkbox"/>

Notes

No hearse or limousine. No outer burial.



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Funeral Establishment Inspection Checklist

GENERAL PRICE LIST DISCLOSURES

Is the following disclosure included in immediate conjunction with the price shown for embalming? NRS 642.019, 16 CFR 453.3(2)(ii) "[Except in certain special cases], embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a 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."	Yes
Is the following disclosure included in immediate conjunction with the price range shown for direct cremations? NRS 642.019, 16 CFR 453.3(b)(2) "If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers)."	Yes
If the prices of outer burial containers are listed on the general price list, is the following disclosure included in immediate conjunction with those prices? NRS 642.019, 16 CFR 453.3(c)(2) "[In most areas of the country], [S]tate or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so that the grave will not sink in. Either a grave liner or a burial vault will satisfy these requirements."	N/A
Is the following disclosure included immediately above the prices contained in the GPL? NRS 642.019, 16 CFR 453.4(b)(2)(a) "The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected."	Yes



Funeral Establishment Inspection Checklist

If the establishment lists a separate basic services fee that is non-declinable, is the following disclosure included together with that price? Yes

NRS 642.019 16 CFR 453.2(4)(iii)(C)(1)

"This fee for our basic services [and overhead] will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains."

If the funeral establishment only states the range of prices for the caskets on the GPL, is the following disclosure included with the price range? Yes

NRS 642.019, 16 CFR 453.2(4)(iii)(A)(1)

"A complete price list will be provided at the funeral home"

Notes

No outer burial containers are being offered.

ITEMIZED STATEMENT OF FUNERAL GOODS AND SERVICES

Does the establishment provide an itemized written statement for retention to the purchaser at the conclusion of discussion of arrangements which contains the funeral goods and funeral services selected and the prices to be paid for each item? NRS 642.019, 16 CFR 453.2(b)(5) Yes

Does the statement specifically itemize cash advance items to the extent known? NRS 642.019, 16 CFR 453.2(b)(5) Yes

Does the statement contain the total cost of the goods and services selected? NRS 642.019, 16 CFR 453.2(b)(5) Yes

Does the statement of funeral goods and services identify and briefly describe in writing any legal, cemetery, or crematory requirement which the funeral provider represents to persons as compelling the purchase of funeral goods and services for the funeral which that person is arranging? Yes

NRS 642.019, 16 CFR 453.3(d)(2)

Notes

STATEMENT OF FUNERAL GOODS AND SERVICES DISCLOSURE

Is the following disclosure included in immediate conjunction with the list of itemized cash advances? Yes

NRS 642.019, 16 CFR 453.3(f)(2)

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



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Is the following disclosure included in the statement of funeral goods and services selected? Yes

NRS 642.019, 16 CFR 453.4(a)(2)(i)(A)

"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."

Is the following disclosure included in the statement of funeral goods and services selected? Yes

NRS 642.019, 16 CFR 453.5(b)

"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."

Notes

OUTER BURIAL CONTAINER PRICE LIST

Does the establishment provide an outer burial container price list? No

NRS 642.019, 16 CFR 453.2(b)(3)

(If prices of all outer burial containers are listed on the GPL, this item is not required)

Does the outer burial container price list contain the name of the funeral establishment and a caption describing the list as a "outer burial container price list"? N/A

NRS 642.019, 16 CFR 453.2(b)(3)(ii)

Does the outer burial container price list contain the retail prices of all outer burial containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list? N/A

NRS 642.019, 16 CFR 453.2(b)(3)(i)

Notes

CREMATION AUTHORIZATION FORM (NRS 451.660)

This may be reviewed as part of establishment inspection and/or crematory inspection

Review written authorization form to ensure that it contains the following information:

Does the form identify the deceased person? (NRS 451.660) Yes

Does it contain a statement of whether death occurred from communicable or otherwise dangerous disease? (NRS 451.660) Yes



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Does it list the name and address of agent? (NRS 451.660)	Yes
Does it list agent's relationship to decedent? (NRS 451.660)	Yes
Does it contain representation that agent is not aware of any objection to cremation by any person who has a right to control the disposition of remains? (NRS 451.660)	Yes
Does it list the name of person authorized to claim cremated remains or the name of the cemetery or person to whom the remains are to be sent? (NRS 451.660)	Yes
Notes	

ADVERTISING

Does establishment advertise?	No
Notes:	Possibly in future
New Photo	
New Photo	

BODY DONATION INFORMATION

Does the establishment work with any whole body donor organizations?	No
Notes	

UNCLAIMED VETERANS

Has the location reviewed all stored cremated remains to determine whether they are in possession of any veterans? NRS 642.0197	N/A
Has the location reported all unclaimed remains of any veterans to the Department of Veterans Services within 1 year? This includes families who have never returned to claim the cremated remains. NRS 642.0197	N/A
Notes	
Initial inspection.	

REGULATORY FEES

Is the location in compliance with submission of regulatory fees pursuant to NRS 642.0696?	N/A
Do the fees submitted generally correspond to the number of burial permits or death records obtained through the Office of Vital Records? NRS 642.0696	N/A
In not, request information on how those fees are reported.	



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Funeral Establishment Inspection Checklist

Notes

Initial inspection.

INSPECTION INFORMATION

Date of Inspection: 03/27/2024
Time of Inspection: 08:00
Type of Inspection: Initial
Name of Inspector: Dr. Wayne A. Fazzino
Signature of Inspector:

Name of Establishment Representative at Time of Inspection: Peter Pulido FD964

Name of Crematory Representative at Time of Inspection (If different from Establishment)

The Funeral and Cemetery Services Board will review all violations found and issue you a formal letter after review.

Signature of Establishment or Crematory Representative at Time of Inspection:

Does it appear that any items may need to be reported to local or state health authorities, OSHA, or the Federal Trade Commission?

No

Additional Photos

Additional Photo2

Additional Photo3



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

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CLEAR

Funeral Establishment Permit Application**Eligibility and Information**

Any individual or entity wishing to obtain a funeral establishment permit in the State of Nevada must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all required documentation, a background check will be completed for all relevant individuals and the application will be reviewed by the Board during a public meeting.

Required Documents

- ☒ **Completed Application:** Applications are required to be completed in full and must be signed.
- ☒ **Criminal History Form:** This document must be completed by anyone subject to disclosure requirements if there are any criminal events to report. Form may be found on the Board website or mailed upon request.
- ☒ **Business Entity: List of Principals:** This form must be completed for any corporations, LLC's or partnerships.
- ☒ **Nevada Business License:** Applicants are required to comply with Nevada business licensing requirements and must include a current copy of State of Nevada business license.
- ☒ **Zoning:** A copy of the Zoning Permit issued by the City or County must be attached to this application.
- ☒ **DBA – Fictitious Name Filing:** Applicants are required to comply with NRS 602.010 and must submit a copy of their fictitious name filing.
- ☒ **Fee:** A non-refundable payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

Applicant Details

Name under which the location will conduct business:

The Gardens Funeral Home LLC

Physical address of proposed location:

2949 Austin Hwy

City:

Fallon

State:

NV

Zip Code:

89406

Phone Number:

303 332 9614

E-mail Address:

amber@legacysuccessionpartners.com

Owner Information

Owner of Location:

The Gardens Funeral Home LLC

Type of Ownership:

☐

Sole Proprietorship

☐

Corporation

☒

Limited Liability Company (LLC)

☐

Partnership

Managing Funeral Director Information

Name of Funeral Director who will manage this location:

Loretta Guazzini

FD License #:

FD600

Location Inspection

Anticipated date location will be ready for inspection:

03/21/2024

Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the permit is issued (e.g. renewal notices).

Mailing Address: (All Board correspondence will be sent to this address.)

4530 Desert Bloom Ct.

City:

Las Vegas

State:

Nevada

Zip Code:

89129

Preferred Phone Number:

303 332 9614

Preferred E-mail Address:

admin@legacysuccessionpartners.com

Applicant Information – Natural Person

Complete this section if applicant is a sole proprietor and not incorporated.

Full Legal Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Social Security Number:

Date of Birth:

Sex:

☐ Male

☐ Female

Citizenship ☐ US Citizen

☐ Authorized to Work in the US

Place of Birth:

List all prior names used by applicant:

Applicant Information – Limited Liability Company (LLC), Corporation or Partnership

Complete this section if applicant is a Limited Liability Company, Corporation, or Partnership.

Under the laws of which state was the applicant organized?

Nevada

In which state is the applicant currently domiciled?

Nevada

Date applicant was organized (e.g. date articles of incorporation filed):

22/12/2023

Have you attached the List of Principals?

☒

Yes

☐

No

Contact Information Concerning Application

Enter the name and contact information of the person the Board should contact concerning this application.

Name:

Amber Wesdorp

Address:

1158 Scarlet Sparrow St

City:

Henderson

State:

NV

Zip Code:

89011

Phone Number:

303 332 9614

E-mail Address:

amber@legacysuccessionpartners.com

Funeral Establishment Permit Application

Legal Information and Criminal History

For the purpose of these next sections, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons.

1. If the applicant is a natural person, only the natural person making the application;
2. If the applicant is a corporation, all officers and directors of that corporation;
3. If the applicant is a limited liability company, all managers and members of the limited liability company;
4. If the applicant is a partnership, all partners.

Has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning any person subject to disclosure requirements in process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)</i>		
Has any person subject to disclosure requirements ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) <i>(If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

General Questions

NRS 642.016 defines a funeral establishment as a place of business conducted at a specific street address or location devoted to the care and preparation for burial or transportation of dead human bodies, consisting of a preparation room equipped with a sanitary floor, necessary drainage and ventilation, having access to necessary instruments and supplies for the preparation and embalming of dead human bodies for burial or transportation and having a display room containing an inventory of funeral caskets. (Partial caskets, photographs or internet displays may fulfill the inventory requirement.) Does this establishment meet this definition? <i>If no, you may not use this form and must contact the Board office for further instructions.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to NRS 642.465, this permit, issued, must be conspicuously displayed in the establishment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to NRS 642.110, 642.280, and 642.460 all funeral directors, embalmers and apprentice embalmers employed at the establishment must conspicuously display their licenses at the establishment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that pursuant to NRS 642.0696, the Board shall collect a \$10 regulatory fee for each written and signed agreement for funeral services in the State?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
In accordance with NRS 642.435, do you understand that an inspection must be conducted prior to issuing and renewing a permit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Nevada Business License Information

Name on State Business License:

The Gardens Funeral Home LLC

Business License #:

NV20232991723

Employer Identification Number:

99-0388977

Funeral Establishment Permit Application

Other Licensure Information

Does the applicant now hold, or has the applicant ever in the past held a license, permit, or certificate in the State of Nevada or any other state or jurisdiction as a funeral establishment, direct cremation facility, cemetery, or crematory?



Yes



No

If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue
Montana	Funeral home	FNR-MBF-LIC-7156	08/05/2023

Certification and Signature

All applications shall be signed by the applicant. Signatures shall be as follows:

- 1) If the applicant is a natural person, the application shall be signed by that person.
- 2) If the applicant is a corporation, the application shall be signed by the corporation's president.
- 3) If the applicant is a partnership, the application shall be signed by a partner who has authority to sign on behalf of the partnership.
- 4) If the applicant is a limited liability company, the application shall be signed by a member of the company who has authority to sign on behalf of the company.

I hereby apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a permit is issued and it is later determined that false or misleading information was provided, the permit may be revoked.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understand that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

I authorize any court, law enforcement agency, or licensing authority to release or make available to the Nevada Funeral and Cemetery Services Board any and all information they may have concerning applicant.

I declare that I will comply with all requirements under Nevada Revised Statutes relating to the permit for which I have applied.

I declare that I have authority to sign this application in accordance with the requirements stated.



Signature of Applicant and/or Authorized Agent

21/03/2024

Date

Brennen Jackson

Print Name

President

Title

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Ref. No.:	
<input type="checkbox"/> Ex Dir Rev.:		<input type="checkbox"/> Chairman Rev.:		<input type="checkbox"/> Permit/Lic No:	
<input type="checkbox"/> Temp Approval:		<input type="checkbox"/> Temp Permit Mailed:			
<input type="checkbox"/> Board Approved:		<input type="checkbox"/> Board Denied:		<input type="checkbox"/> Board Mtg:	
<input type="checkbox"/> Formal Approval:		<input type="checkbox"/> Formal Permit Mailed:		<input type="checkbox"/> Withdrawn:	

Funeral Establishment Permit Application

Credit Card Payment Information

Payment Method

Applicant Name

The Gardens Funeral Home LLC



Amount:

\$ 375

Name on Credit Card:

Legacy Succession Partners

Credit Card Number:

9452

Expiration Month/Year

09/28

Billing Address

2029 Waterbury Ln

Billing City, State & Zip

Las Vegas, NV, 89134

Email for Receipt:

admin@legacysuccessionpartners.com

Authorization

Signature:

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description:

Order Number:

Customer ID:

P.O. Number:

Invoice Number:

Billing Information

Arendje Wesdorp
2029 Waterbury Ln
Las Vegas, Nevada 89134

Shipping Information

amber@legacysuccessionpartners.com

Shipping: 0.00

Tax: 0.00

Total: USD 375.00

Payment Information

Date/Time: 26-Mar-2024 08:17:15 PDT
Transaction ID: 80354300544
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 01466G
Payment Method: Visa XXXX8835



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
Phone (775) 825-5535 * Fax (775) 507-4102
Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

The Gardens Funeral Home LLC

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

Brennen Michael Jackson

Title:

President

Mailing Address:

[REDACTED]

City:

Las Vegas

State:

NV

Zip Code:

89129

Phone Number:

[REDACTED]

E-mail Address:

brennen@legacysuccessionpartners.com

Social Security Number:

[REDACTED]

Date of Birth:

[REDACTED]

This person is (check all that are applicable):

- ☒ Corporate Officer ☐ Corporate Director ☐ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason? ☐ Yes ☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process? ☐ Yes ☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked? ☐ Yes ☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending? ☐ Yes ☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) *(If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)* ☐ Yes ☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

- ☒ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Brennen Michael Jackson

Date:

03/21/2024



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

CLEAR

Crematory License Application**Eligibility and Information**

Any individual or entity seeking to obtain a license to operate a crematory in the State of Nevada must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all needed documentation, a background check will be completed for all relevant individuals and the application will be reviewed by the Board during a public meeting.

Required Documents

- ☒ **Completed Application:** Applications are required to be completed in full and must be signed.
- ☒ **Criminal History Form:** This document must be completed by anyone subject to disclosure requirements if there are any criminal events to report. Form may be found on the Board website or mailed upon request.
- ☒ **Business Entity/ List of Principals:** This form must be completed for any corporations, LLC's or partnerships.
- ☒ **Nevada Business License:** Applicants are required to comply with Nevada business licensing requirements and must include a current copy of State of Nevada business license.
- ☒ **Zoning:** A copy of the Zoning Permit issued by the City or County must be attached to this application.
- ☐ **DBA – Fictitious Name Filing:** Applicants are required to comply with NRS 602.010 and must submit a copy of their fictitious name filing.
- ☒ **Fee:** A non-refundable payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

Applicant Details

Name under which the location will conduct business:

The Gardens Funeral Home LLC

Physical address of proposed location:

2949 Austin Hwy

City:

Fallon

State:

NV

Zip Code:

89406

Phone Number:

303 332 9614

E-mail Address:

amber@legacysuccessionpartners.com**Owner Information**

Owner of Location:

Brennen Michael Jackson

Type of Ownership:

☐

Sole Proprietorship

☐

Corporation

☒

Limited Liability Company (LLC)

☐

Partnership

Location Inspection

Anticipated date location will be ready for inspection:

03/22/2024

Crematory License Application

Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the permit is issued (e.g. renewal notices).

Mailing Address: (All Board correspondence will be sent to this address.)

4530 Desert Bloom Ct.

City: Las Vegas	State: Nevada	Zip Code: 89129
Preferred Phone Number: 303 332 9614		Preferred E-mail Address: admin@legacysuccessionpartners.com

Applicant Information – Natural Person

Complete this section if applicant is a sole proprietor and not incorporated.

Full Legal Name:

Mailing Address:

City:	State:	Zip Code:
Phone Number:		E-mail Address:
Social Security Number:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Citizenship: ☐ US Citizen ☐ Authorized to Work in the US Place of Birth: _____

List all prior names used by applicant: _____

Applicant Information – Limited Liability Company (LLC), Corporation or Partnership

Complete this section if applicant is a Limited Liability Company, Corporation, or Partnership.

Under the laws of which state was the applicant organized?

Nevada

In which state is the applicant currently domiciled?

Nevada

Date applicant was organized (e.g. date articles of incorporation filed):

22/12/2023

Have you attached the List of Principals? ☒ Yes ☐ No

Contact Information Concerning Application

Enter the name and contact information of the person the Board should contact concerning this application.

Name:

Amber Wesdorp

Address:

1158 Scarlet Sparrow st

City: Henderson	State: Nevada	Zip Code: 89011
Phone Number: 303 332 9614		E-mail Address: amber@legacysuccessionpartners.com

Crematory License Application

Legal Information and Criminal History

For the purpose of these next sections, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons:

1. If the applicant is a natural person, only the natural person making the application;
2. If the applicant is a corporation, all officers and directors of that corporation;
3. If the applicant is a limited liability company, all managers and members of the limited liability company;
4. If the applicant is a partnership, all partners.

Has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning any person subject to disclosure requirements in process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has any person subject to disclosure requirements ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)		
Has any person subject to disclosure requirements ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Nevada Business License Information

Name on State Business License:

The Gardens Funeral Home LLC

Business License #:

NV20232991723

Employer Identification Number:

99-0388977

Other Licensure Information

Does the applicant now hold, or has the applicant ever in the past held a license, permit, or certificate in the State of Nevada or any other state or jurisdiction as a funeral establishment, direct cremation facility, cemetery, or crematory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue
Montana	Funeral Home	FNR-MBF-LIC-7156	08/05/2023

Crematory License Application

Certification and Signature

All applications shall be signed by the applicant. Signatures shall be as follows:

- 1) If the applicant is a natural person, the application shall be signed by that person.
- 2) If the applicant is a corporation, the application shall be signed by the corporation's president.
- 3) If the applicant is a partnership, the application shall be signed by a partner who has authority to sign on behalf of the partnership.
- 4) If the applicant is a limited liability company, the application shall be signed by a member of the company who has authority to sign on behalf of the company.

I hereby apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a permit is issued and it is later determined that false or misleading information was provided, the permit may be revoked.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understand that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

I authorize any court, law enforcement agency, or licensing authority to release or make available to the Nevada Funeral and Cemetery Services Board any and all information they may have concerning applicant.

I declare that I will comply with all requirements under Nevada Revised Statutes relating to the permit for which I have applied.

I declare that I have authority to sign this application in accordance with the requirements stated.



03/22/2024

Signature of Applicant and/or Authorized Agent

Date

Brennen M Jackson

President

Print Name

Title

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Ref. No.:	
<input type="checkbox"/> Ex Dir Rev.:		<input type="checkbox"/> Chairman Rev.:		<input type="checkbox"/> Permit/Lic No:	
<input type="checkbox"/> Temp Approval:		<input type="checkbox"/> Temp Permit Mailed:			
<input type="checkbox"/> Board Approved:		<input type="checkbox"/> Board Denied:		<input type="checkbox"/> Board Mtg:	
<input type="checkbox"/> Formal Approval:		<input type="checkbox"/> Formal Permit Mailed:		<input type="checkbox"/> Withdrawn:	

Crematory License Application

Credit Card Payment Information

Payment Method

Applicant Name: The Gardens Funeral Home LLCAmount: \$375Name on Credit Card: Arendje Maria WesdorpCredit Card Number: [REDACTED] 8835Expiration Month/Year: 01/29Billing Address: 2029 Waterbury LnBilling City, State & Zip: Las Vegas, Nevada, 89134Email for Receipt: amber@legacysuccessionpartners.com

Authorization

Signature:

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: The Gardens Funeral Home CRE APP 03.28.2024 375
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Arendje Westorp
2029 Waterbury Ln
Las Vegas, NV 89134

Shipping Information

amber@legacysuccessionpartners.com

Shipping: 0.00
Tax: 0.00
Total: USD 375.00

Payment Information

Date/Time: 03-Apr-2024 10:17:03 PDT
Transaction ID: 80369723997
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 01121G
Payment Method: Visa XXXX8835



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

The Gardens Funeral Home LLC

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

Brennen Michael Jackson

Title:

President

Mailing Address:

City:

Las Vegas

State:

NV

Zip Code:

89129

Phone Number:

E-mail Address:

brennen@legacysuccessionpartners.com

Social Security Number:

Date of Birth:

This person is (check all that are applicable):

☒ Corporate Officer ☐ Corporate Director ☐ LLC Member ☐ LLC Manager ☐ Partner ☐ Stockholder controlling more than 10% of the voting stock

Legal Information and Criminal History

Has this principal had any legal action taken against any professional license held for any reason? ☐ Yes ☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process? ☐ Yes ☒ No

Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked? ☐ Yes ☒ No

Has this principal ever relinquished responsibilities, resigned a position or been fired while a complaint was pending? ☐ Yes ☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Has this principal ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) (If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.) ☐ Yes ☒ No

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

- ☒ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Date:

03/22/2024

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

The Gardens Funeral Home, LLC

Nevada Business Identification # NV20232991723

Expiration Date: 12/31/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/22/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202312224213754

You may verify this certificate
online at <http://www.nvsos.gov>

LIC. NO. 19796

COUNTY OF
CHURCHILL

IN THE STATE OF NEVADA
NOT TRANSFERABLE

ACCT. NO. 4331

BUSINESS LICENSE

THE GARDENS FUNERAL HOME LLC

HAS PAID TO THE COUNTY OF CHURCHILL, THE LICENSE FEE OF \$ 125.00, AS REQUIRED BY THE PROVISIONS OF CHURCHILL COUNTY CODES, CHAPTER 5, AND IS HEREBY LICENSED TO CONDUCT A FUNERAL HOME ESTABLISHMENT BUSINESS, FROM 2949 AUSTIN HWY, DOING BUSINESS IN CHURCHILL COUNTY, NEVADA, BEGINNING JANUARY 1, 2024 AND ENDING MARCH 31, 2025.

Churchill County Planning Dept.
Business Licensing
155 N. Taylor Street, Suite 194
Fallon, NV 89406

AUTHORIZED SIGNATURE

Deanne Mayle

DATE

3/26/24



FUNERAL AND CEMETERY SERVICES BOARD
3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5535
Fax (775) 507-4102
Email nvfuneralboard@fb.nv.gov

Funeral Establishment Inspection Checklist

AUTHORITY

In accordance with NRS 642.067, NRS 642.365 and NRS 642.435, the Nevada Board of Funeral and Cemetery services has authority to inspect any premises where funeral directing is conducted or embalming practiced, and is required to make unannounced inspections of each establishment issued a permit by the Board.

GENERAL INFORMATION

Name under which the location conducts business:	The Gardens Funeral Home LLC
Permit #:	
Physical address:	2949 Austin Highway, Fallon, Nevada 89406
Mailing address:	4530 Desert Bloom Court, Las Vegas, Nevada 89129
Phone number:	775-423-8928
Owner of location:	The Gardens Funeral Home LLC
Type of ownership:	LLC
Name of funeral director approved to manage this establishment:	Loretta Guazzini FD600
Does the establishment have an on-site crematory?	Yes
Is the crematory under the same ownership?	Yes
Is the area zoned for mixed, commercial, or industrial, and at least 1500 feet from a residential parcel? (NRS 451.635)	Yes
Photo of Outside of Building:	





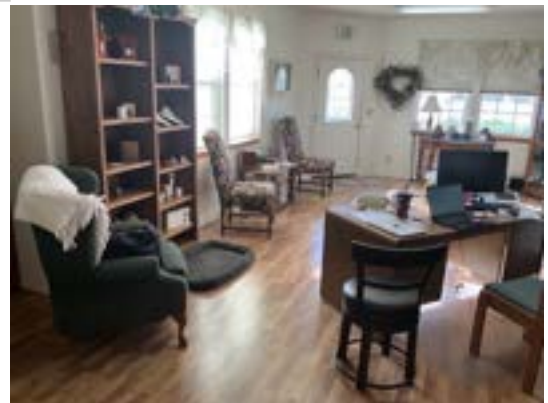
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Funeral Establishment Inspection Checklist

Photo of Signage



Photo of Lobby





LICENSES

Establishment permit with name of owner displayed conspicuously? (NRS 642.465)	N/A
Funeral directors' licenses displayed conspicuously? (NRS 642.460)	Yes
Funeral arrangers' licenses displayed conspicuously? (NRS 642.460)	N/A
Are all individuals meeting with families to make arrangements properly licensed? (NRS 642.361)	Yes
Does the location employ or contract with a licensed embalmer? (NAC 642.161)	Yes
Embalmers' licenses displayed conspicuously? (NRS 642.110)	N/A
Apprentice embalmer certificates of registration displayed conspicuously? (NRS 642.280)	N/A
Does the establishment sell, solicit, negotiate or is party to any pre-need contract or provide pre-need services?	No



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Funeral Establishment Inspection Checklist

Notes	The purposed embalmer for this location just passed her test yesterday and will submit her application to the Board this next week. The new establishment is using Loretta Guazzini as their managing funeral director while they work on their licensing.
Photo of Displayed Licenses	
New Photo	



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Funeral Establishment Inspection Checklist

New Photo



New Photo

LIST NAMES AND LICENSE NUMBERS OF ALL LICENSEES:

Name	
	Loretta Guazzini FD600
License Number	

CREMATORY LICENSES

Is the crematory license issued by the Board displayed conspicuously?	Yes
---	-----

Are city and county permits or license displayed?	Yes
---	-----

Have all individuals who operate the crematory equipment completed a crematory certification program approved by the Board? (NRS 451.635)	Yes
---	-----

List names of all individuals who currently operate the crematory equipment:

Ken Fritz

Loretta Guazzini

Notes



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Photo of Displayed Licenses



Photo of Crematory Training Certificates



New Photo



New Photo

New Photo

PREPARATION ROOM



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Funeral Establishment Inspection Checklist

Does the establishment have a preparation room? (NRS 642.016)	Yes
Is there proper signage and locking doors to prevent unauthorized persons from entering preparation room? (NRS 642.560)	Yes
Is the floor sanitary? (NRS 642.016)	Yes
Is there necessary drainage? (NRS 642.016)	Yes
Is there proper ventilation in working order? (NRS 642.016)	Yes
Are fumes and odors prevented from entering other parts of the building? (NRS 642.016)	Yes
Does the location properly store and dispose of hazardous waste? (NRS 444.490)	Yes
Is this preparation room utilized by the establishment?	Yes
Is embalming performed at this location?	Yes
IF the preparation room is utilized for embalming, is it equipped with all instruments and supplies necessary for the preparation and embalming of human bodies? (NRS 642.016) Check items that are present:	Yes
Injection Tubes	✓
Aneurysm Needle	✓
Scalpel	✓
Hypodermic syringe	✓
Embalming Machine	✓
Restorative Wax	✓
Covered Waste Can	✓
Disinfectant	✓
Large Trocar	✓
Scissors	✓
Aspirator	✓
Hardening Compound	✓
Shaving Material	✓
First Aid Kit	✓
Small Trocar	✓
Hemostats	✓
Hypodermic Needles	✓
Headrest	✓
Sheets/Body Bags	✓
Eye Wash Station	✓
Suture Thread	✓
Suture Needles	✓
Forceps	✓
Cosmetics	✓
Powder Brush	✓
Application Brush	✓
Soap	✓
Notes	

Rick Hearn has been doing trade embalming at this location in the past.



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Funeral Establishment Inspection Checklist

Preparation Room Signage



Preparation Room Locking Doors:



Preparation Room Drainage:





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Funeral Establishment Inspection Checklist

Preparation Room Ventilation:



Preparation Room Overview Photo:



Hazardous Waste Container Photo:



HUMAN REMAINS

Are human remains stored at this location? Yes



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Funeral Establishment Inspection Checklist

List all areas of the establishment where human remains are being held:	Refrigerator in main building and refrigerator next to retort in the garage at the back of the property..
Are remains being embalmed or refrigerated within 24 hours? (NRS 451.675)	Yes
Are all human remains refrigerated in a self-contained mechanical refrigeration unit at a temperature of not more than 42 degrees? (Temporary rise up to 48 degrees allowed) (NAC 451.015)	Yes
Are all remains in refrigeration and on-site properly identified? This includes body parts. (NAC 451.070)	Yes
Are all remains in refrigeration and on site being stored without being on top of other remains? (NAC 642.158)	Yes
Are all remains in refrigeration and on-site being stored face up? (NAC 642.158)	Yes
Are all remains in refrigeration and on-site completely covered or clothed (unless embalming)? (NAC 642.158)	Yes
Are all remains in refrigeration and on-site being kept directly off of the floor? (NAC 642.158)	Yes
Does it appear that all bodies in refrigeration and on-site are being treated with dignity and respect at all times? (NAC 642.158, NRS 451.675)	Yes
Does it appear that all bodies are being cremated or buried within a reasonable amount of time? (NRS 451.020)	Yes
Is any area where bodies are stored awaiting cremation secure from access by anyone other than employees? (NRS 451.675, NRS 451.685)	Yes
Is any area where bodies are stored awaiting cremation clean and free of any evidence of leaking bodily fluids? (NRS 451.675)	Yes
Does it appear that any area where bodies are stored awaiting cremation protects for the health and safety of crematory employees? (NRS 451.675)	Yes

Notes

No body leakage was noticed and the floor was clean in the refrigerator and the preparation room.



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Funeral Establishment Inspection Checklist

Photo of Outside of Refrigeration



Photo of Inside of Refrigeration



Photo of Temperature Gauge



Additional Holding Areas
Additional Photo

CREMATORY EQUIPMENT INFORMATION



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Funeral Establishment Inspection Checklist

Number of retorts	1
Fuel source:	Propane
Manufacturer of retorts:	
B & L Cremation Systems	
Date the retorts were last serviced?	March 2023
Notes:	
Retort Photo	



Retort Photo2
Retort Photo3

PROCEDURE AND SPACE FOR CREMATION

Is the space within the crematory enclosed? (NRS 451.680)	Yes
Is the crematory only used for the cremation of human remains? (NRS 451.680)	Yes
Is an identifying document or label removed from container and kept near control panel until cremation is completed? (NRS 451.680)	Yes
Is all recoverable residue properly removed from chamber following cremation? (NRS 451.680)	Yes
Is a pulverizer or crusher on-site? (Cremated remains must be reduced to particles no larger than 1/8 of an inch) (NRS 451.700)	Yes
Notes	

I looked around the retort and there was no residue present on the floor or in any containers in the crematory. The retort was in operation so I was not able to inspect for residue. There is an animal retort in the room next to the human retort that is accessed through another door.



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Funeral Establishment Inspection Checklist

Photo of pulverizer area



Photo of documents near control panel



INCINERATION CONTAINERS

Do all containers used cover the human remains completely when closed? (NRS 451.675)	Yes
Do all containers used resist leaking or spilling? (NRS 451.675)	Yes
Are all containers rigid enough for easy handling? (NRS 451.675)	Yes
Notes	



Funeral Establishment Inspection Checklist

Photo of Containers



Photo of Containers



CREMATORY RECORDS

Is the crematory maintaining records for at least 7 years? (R067-15)	Yes
Does the crematory keep a record of each authorization received? (NRS 451.665)	Yes
Does the crematory keep a record of the name of each person whose human remains are received? (NRS 451.665)	Yes
Does the crematory keep a record of the date and time of receipt of remains? (NRS 451.665)	Yes
Does the crematory keep a record of the description of the container in which the remains are received? (NRS 451.665)	Yes
Does the crematory keep a record of the date of cremation? (NRS 451.665)	Yes
Does the crematory keep a record of the final disposition of the cremated remains? (NRS 451.665)	Yes



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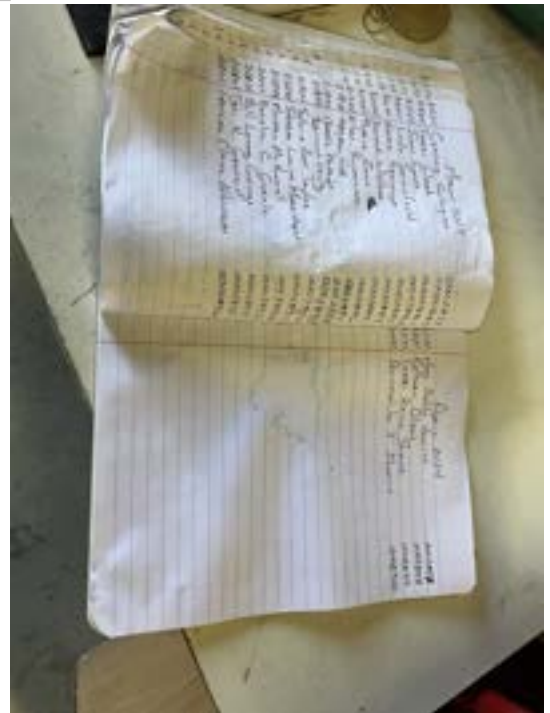
Funeral Establishment Inspection Checklist

Do records generally appear to be in good order? Yes
If records are not kept on-site, location where records are stored: On-site.

Notes

The aforementioned answers are connected to the current business in operation at this location. The new establishment crafted their own cremation log to include more information.

Photo of Cremation Log



Photo

DELIVERY AND TRANSPORTATION OF CREMATED REMAINS

Does the crematory keep a record of receipts for delivery of cremated remains? (NRS 451.690) Yes
Do receipts for delivery of cremated remains contain the name of the person receiving the remains? (NRS 451.690) Yes
Do receipts for delivery of cremated remains contain the date, time, and place of receipt of the remains? (NRS 451.690) Yes
Are temporary urns used to deliver cremated remains placed in suitable containers? (NRS 451.690) Yes
Are temporary urns marked with the name of the person it contains? (NRS 451.690) Yes



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Funeral Establishment Inspection Checklist

Are temporary urns marked with the name of the operator of the crematory? (NRS 451.690) Yes

Notes

They provided past cremation container and offered the new label they will use when authorized to operate. .

Photo of Temporary Urn



Photo of Temporary Urn Label



GENERAL ESTABLISHMENT MANAGEMENT

Is the approved managing funeral director on-site for inspection? (Not required) Yes

How often is the approved managing funeral director on-site to manage establishment? Daily

Is the managing funeral director available to staff for supervision? (NRS 642.345) Yes

Does the managing funeral director live within 120 miles of the location? (NAC 642.116) Yes

Does the managing funeral director manage more than 3 locations? (NAC 642.116) No



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Funeral Establishment Inspection Checklist

If the managing funeral director manages more than one location are they within 120 miles of each other? (NAC 642.116) N/A

Does it appear that the location is being maintained in a professional and sanitary manner? (NRS 642.465) (NAC 642.158) Yes

Does the location have a blood borne pathogen exposure control plan and do they update the plan annually? (29 CFR 1910.1030) Yes

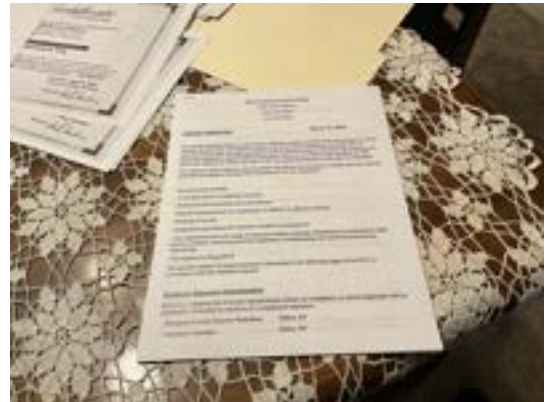
Have all employees with potential exposure been provided blood borne pathogen training annually? (29 CFR 1910.1030) Yes

Have all employees with potential exposure been offered a hepatitis B vaccination? (29 CFR 1910.1030) Yes

Notes

Current cremation operator has been offered a hepatitis B vaccination. I spoke with staff who will be connected to the new establishment and they indicated the corporation has offered them the vaccination.

Photo of blood borne pathogen exposure control plan



ESTABLISHMENT FORMS AND RECORDS

Is the establishment maintaining records for at least 7 years? (NAC 451.200) N/A

Are completed statements of funeral goods and services signed by the licensee who made the arrangements? (NAC 642.152) N/A

Do completed statements of funeral goods and services contain the license number of the individual who made the arrangements? (NAC 642.152) N/A

Are embalming reports being completed for each decedent after embalming? (NAC 642.168) N/A

Do the embalming reports include the time period between death and embalming? (NAC 642.168) N/A



Funeral Establishment Inspection Checklist

Do the embalming reports include the procedures used to embalm the remains? (NAC 642.168)	N/A
Do the embalming reports include the signature of the embalmer or apprentice embalmer who embalmed the remains? (NAC 642.168)	N/A
If remains are not stored or cremated at this location, do the forms advise consumer of the location where the remains will be stored or cremated? (NAC 642.154)	Yes
Do records generally appear to be in good order?	Yes
Notes	

CASKET INVENTORY

Does the establishment have a display room containing an inventory of funeral caskets? (NRS 642.016, NAC 642.030) Internet or catalogue display fulfills this requirement.	Yes
Do the prices of displayed caskets conform to the casket price list? (16 CFR 453.2(a)(b))	Yes
Notes:	
Verified that all displayed caskets match the Casket Price List. All caskets on the Casket Price List also match the price range on the General Price List.	
Photo of casket display room or catalogue	



CASKET PRICE LIST

Does the establishment provide a casket price list? (NRS 642.019, 16 CFR 453.2(b)(2)) (If prices of all caskets are listed on the GPL, this item is not required)	Yes
Does the casket price list contain the name of the funeral establishment and a caption describing the list as a "casket price list"? NRS 642.019, 16 CFR 453.2(b)(2)(ii)	Yes



Funeral Establishment Inspection Checklist

Does the casket price list contain the retail prices of all caskets and alternative containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list? Yes

(NRS 642.019, 16 CFR 453.2(b)(2)(i))

Notes

Casket Price List matches the General Price List for casket price range.

GENERAL PRICE LIST (GPL)

Does establishment have a supply of the GPL readily available? Yes

NRS 642.019, 16 CFR 453.3(b)(4)(i)(A)

Has the establishment kept a copy of the GPL, CPL, OBCPL and SFGSS for one year after the date of their last distribution to customers? N/A

NRS 642.019, 16 CFR 453.6

Does the GPL contain the name, address, and phone number of the establishment? Yes

NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(1)

Does the GPL contain the caption "General Price List"? Yes

NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(2)

Does the GPL list the effective date? Yes

NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(3)

Does the GPL include the retail prices for all items listed below? Yes

NRS 642.019, 16 CFR 453.2 (b)(4)(ii)

Check all included items below:

Forwarding remains to another funeral home ✓

Receiving remains from another funeral home ✓

Price range for direct cremations ✓

Separate price for direct cremations; purchaser provides container ✓

Separate prices for each direct cremation offered including an alternative container ✓

Price range for immediate burials ✓

Separate price for immediate burial where purchaser provides the casket ✓

Separate price for each immediate burial offered including a casket or alternative container ✓

Price range for caskets or individual prices for caskets ✓

Funeral director and staff services fees ✓

Transfer of remains to the funeral home ✓

Embalming ✓

Other preparation of the body ✓

Use of facilities and staff for viewing ✓

Use of facilities and staff for memorial service ✓



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Use of equipment and staff for graveside service	<input checked="" type="checkbox"/>
Hearse	<input checked="" type="checkbox"/>
Limousine	<input type="checkbox"/>
Price range for outer burial containers or the prices of individual outer burial containers	<input checked="" type="checkbox"/>
Notes	

No limousine at this facility. They have the ability to rent a limousine and indicate that on the General Price List.

GENERAL PRICE LIST DISCLOSURES

Is the following disclosure included in immediate conjunction with the price shown for embalming? NRS 642.019, 16 CFR 453.3(2)(ii)	Yes
---	-----

"[Except in certain special cases], embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a 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."

Is the following disclosure included in immediate conjunction with the price range shown for direct cremations?	Yes
---	-----

NRS 642.019, 16 CFR 453.3(b)(2)

"If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers)."

If the prices of outer burial containers are listed on the general price list, is the following disclosure included in immediate conjunction with those prices?	Yes
---	-----

NRS 642.019, 16 CFR 453.3(c)(2)

"[In most areas of the country], [S]tate or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so that the grave will not sink in. Either a grave liner or a burial vault will satisfy these requirements."



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Is the following disclosure included immediately above the prices contained in the GPL? Yes

NRS 642.019, 16 CFR 453.4(b)(2)(a)

"The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected."

If the establishment lists a separate basic services fee that is non-declinable, is the following disclosure included together with that price? Yes

NRS 642.019 16 CFR 453.2(4)(iii)(C)(1)

"This fee for our basic services [and overhead] will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains."

If the funeral establishment only states the range of prices for the caskets on the GPL, is the following disclosure included with the price range? Yes

NRS 642.019, 16 CFR 453.2(4)(iii)(A)(1)

"A complete price list will be provided at the funeral home"

Notes

ITEMIZED STATEMENT OF FUNERAL GOODS AND SERVICES

Does the establishment provide an itemized written statement for retention to the purchaser at the conclusion of discussion of arrangements which contains the funeral goods and funeral services selected and the prices to be paid for each item? NRS 642.019, 16 CFR 453.2(b)(5) Yes

Does the statement specifically itemize cash advance items to the extent known? NRS 642.019, 16 CFR 453.2(b)(5) Yes

Does the statement contain the total cost of the goods and services selected? NRS 642.019, 16 CFR 453.2(b)(5) Yes



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Does the statement of funeral goods and services identify and briefly describe in writing any legal, cemetery, or crematory requirement which the funeral provider represents to persons as compelling the purchase of funeral goods and services for the funeral which that person is arranging? Yes
NRS 642.019, 16 CFR 453.3(d)(2)
Notes

STATEMENT OF FUNERAL GOODS AND SERVICES DISCLOSURE

Is the following disclosure included in immediate conjunction with the list of itemized cash advances? Yes
NRS 642.019, 16 CFR 453.3(f)(2)
"We charge you for our service in obtaining: (specify cash advance items)."
Is the following disclosure included in the statement of funeral goods and services selected? Yes
NRS 642.019, 16 CFR 453.4(a)(2)(i)(A)
"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."
Is the following disclosure included in the statement of funeral goods and services selected? Yes
NRS 642.019, 16 CFR 453.5(b)
"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."
Notes

OUTER BURIAL CONTAINER PRICE LIST

Does the establishment provide an outer burial container price list? Yes
NRS 642.019, 16 CFR 453.2(b)(3)
(If prices of all outer burial containers are listed on the GPL, this item is not required)
Does the outer burial container price list contain the name of the funeral establishment and a caption describing the list as a "outer burial container price list"? Yes
NRS 642.019, 16 CFR 453.2(b)(3)(ii)



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Does the outer burial container price list contain the retail prices of all outer burial containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list? Yes
NRS 642.019, 16 CFR 453.2(b)(3)(I)
Notes

CREMATION AUTHORIZATION FORM (NRS 451.660)

This may be reviewed as part of establishment inspection and/or crematory inspection

Review written authorization form to ensure that it contains the following information:

Does the form identify the deceased person? (NRS 451.660) Yes

Does it contain a statement of whether death occurred from communicable or otherwise dangerous disease? (NRS 451.660) Yes

Does it list the name and address of agent? (NRS 451.660) Yes

Does it list agent's relationship to decedent? (NRS 451.660) Yes

Does it contain representation that agent is not aware of any objection to cremation by any person who has a right to control the disposition of remains? (NRS 451.660) Yes

Does it list the name of person authorized to claim cremated remains or the name of the cemetery or person to whom the remains are to be sent? (NRS 451.660) Yes

Notes

ADVERTISING

Does establishment advertise? N/A
Notes: Will advertise on Facebook once license is issued. They will remove the two bulletin boards on the highway coming into Fallon and one located near the funeral establishment.

New Photo

New Photo

BODY DONATION INFORMATION

Does the establishment work with any whole body donor organizations? No

Does the location cremate body parts? No



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Notes

Applicant indicated they will not work with any whole body donor organizations, nor will they cremate body parts.

UNCLAIMED VETERANS

Has the location reviewed all stored cremated remains to determine whether they are in possession of any veterans? NRS 642.0197 No

Has the location reported all unclaimed remains of any veterans to the Department of Veterans Services within 1 year? This includes families who have never returned to claim the cremated remains. NRS 642.0197 No

Notes

New facility has not checked stored cremated remains as they are in possession of the former owner who is operating the facility until the new entity is licensed.

REGULATORY FEES

Is the location in compliance with submission of regulatory fees pursuant to NRS 642.0696? N/A

Do the fees submitted generally correspond to the number of burial permits or death records obtained through the Office of Vital Records? NRS 642.0696 N/A
In not, request information on how those fees are reported.

Notes

INSPECTION INFORMATION

Date of Inspection: 04/10/2024
Time of Inspection: 08:40
Type of Inspection: Initial
Name of Inspector: Dr. Wayne A. Fazzino
Signature of Inspector:

Name of Establishment Representative at Time of Inspection: Amber Wesdorp

Name of Crematory Representative at Time of Inspection (If different from Establishment): Ken Fritz

The Funeral and Cemetery Services Board will review all violations found and issue you a formal letter after review.



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Funeral Establishment Inspection Checklist

Signature of Establishment or Crematory Representative
at Time of Inspection: _____

Does it appear that any items may need to be reported
to local or state health authorities, OSHA, or the Federal
Trade Commission? _____

No

Additional Photos _____

Additional Photo2 _____

Additional Photo3 _____

DETERMINATION AND PRONOUNCEMENT OF DEATH

Situation

Current Legislation in Nevada does not authorize a Licensed Practical Nurse (LPN) to pronounce death.

Definitions

- Pronounce death: affirmation that an individual has died based on a physical assessment, including the date and time that the person was found to be dead [1,2,3].

Pronouncement of death is defined in NRS 440.415 as “a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as are recorded in the patient’s medical record by the attending provider.”

- Certification of death: written attestation as to the fact, cause, manner of someone’s death in accordance with the required documentation of the jurisdiction. **Certification of death remains solely within the scope of a Physician and cannot be delegated [2,3]

Current Legislation

NRS 632.474- authorize a Registered Nurse or Physicians’ Assistant to pronounce death pursuant to NRS 440.415

Issue

Determination and pronouncement of death is within the legal scope of practice with a Registered Nurse (RN) and Licensed Practical Nurse (LPN). Based upon nursing assessment, provided the nurse has the requisite knowledge and competencies needed to assess the presumptive and conclusive signs of death.

Assessment

An LPN has the responsibility to pronounce death, if all the following are present [4,5,6]:

- a. The LPN is directly involved in the care of the patient.
- b. The patient’s death is expected.
- c. The patient has a valid Do Not Resuscitate/Physician Order for Life Sustaining Treatment (DNR/POLST) order
- d. All five presumptive signs and or conclusive signs of death are present.

Presumptive signs of death are:

1. Unresponsiveness
2. Absence of respirations (apnea)
3. Absence of heart sounds or palpable carotid and/or femoral pulses
4. Unresponsive pupils (fixed and dilated)
5. Cyanotic and cooling skin

Conclusive signs of death are:

1. Lividity or pooling of blood in dependent body parts.
2. Cooling of the body to the same as room or environmental temperature
3. Hardening of muscles or rigidity
4. Extended downtime with asystole on EKG or
5. Traumatic injuries incompatible with life.

Documentation of determination and pronouncement of death by the LPN must include [4,6]:

- a. Assessment findings detailing ALL five presumptive and, if identified, any conclusive signs of death.
- b. The LPN will ensure that the physician, family, and other care givers are notified.

Recommendations

The LPN Advisory Committee recommends to the legislature that NRS 440.415 and NRS 632.474 be amended to include Licensed Practical Nurses

References

1. Brooks, E. G., & Reed, K.D. (2015). Principles and pitfalls: A guide to death certification. *Clinical Medicine & Research*, 13(2), 74-84.
<https://doi.org/10.3121/cmr.2015.1276>
2. American College of Emergency Physicians. (2019, June) The Role of Emergency Physicians in the Completion of Death Certificates [Position statement]. <https://www.acep.org/siteassets/new-pdfs/policy-statements/the-role-of-emergency-physicians-in-the-completion-of-death-certificates.pdf>

3. CMPA. (2019, April). Completing medical certificates of death: Who's responsible? <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2016/completing-medical-certificates-of-death-who-s-responsible#>
4. Washington State Board of Nursing.
WAC246-839-830 and RCW 70.58.160
5. Vermont State Board of Nursing
<https://www.sec.state.vt.us/media/614793/PS-Role-of-the-Nurse-in-the-Pronouncement-of-Death-2014-1013-Final.pdf>
6. North Carolina Board of Nursing.
21 NCAC 36.0224 (b) & (i)- Components of Nursing Practice for the Registered Nurse: Assessment; Administering Nursing Services, 21 NCAC 36.0225 (b)- Components of Nursing Practice for the Licensed Practical Nurse: Assessment

Email Received October 2, 2023

A Licensed Practical Nurse, licensed in the State of Nevada may pronounce death if the following criteria are satisfied: the *licensed practical nurse* is employed by or works at a home care organization as a hospice, a hospital or nursing home as defined including state-operated hospitals for the purposes of this section, the Department of Corrections, , *Licensed Practical Nurse*, is directly involved in the care of the patient, the patient's death has occurred, the patient is under the care of a physician when his death occurs; the patient's death has been anticipated, the physician is unable to be present within a reasonable period of time to determine death; and there is a valid Do Not Resuscitate Order pursuant for the patient who has died. The *Licensed Practical Nurse*, shall inform the patient's attending and consulting physicians/providers of the patient's death as soon as practicable.

The *licensed practical nurse*, shall have the authority to pronounce death in accordance with such procedural regulations, if any, as may be promulgated by the Board of Medicine; however, if the circumstances of the death are not anticipated or the death requires an investigation by the Office of the Chief Medical Examiner, *Licensed Practical Nurse*, shall notify the Office of the Chief Medical Examiner of the death and the body shall not be released to the funeral director.

NRS 440.415 Pronouncement of death by registered nurse, **licensed practical nurse or physician assistant: Conditions; release of body; regulations.**

1. A physician who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse, **licensed practical nurse** or physician assistant or the registered nurses, **licensed practical nurses** or physician assistants employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient. An advanced practice registered nurse who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse, **licensed practical nurse** or the registered nurses **or licensed practical nurses** employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient.

2. Such an authorization is valid for 120 days. Except as otherwise provided in subsection 3, the authorization must:

(a) Be a written order entered on the chart of the patient;

(b) State the name of the registered nurse, **licensed practical nurse** or nurses or physician assistant or assistants authorized to make the pronouncement of death; and

(c) Be signed and dated by the physician or advanced practice registered nurse.

3. If the patient is in a medical facility or under the care of a program for hospice care, the physician may authorize the registered nurses, **licensed practical nurses** or physician assistants employed by the facility or program, or an advanced practice registered nurse may authorize such a registered nurse **or licensed practical nurse**, to make pronouncements of death without specifying the name of each nurse or physician assistant, as applicable.

4. If a pronouncement of death is made by a registered nurse, **licensed practical nurse** or physician assistant, the physician or advanced practice registered nurse who authorized that action shall sign the medical certificate of death within 24 hours after being presented with the certificate.

5. If a patient in a medical facility is pronounced dead by a registered nurse, **licensed practical nurse** or physician assistant employed by the facility, the registered nurse, **licensed practical nurse** or physician assistant may release the body of the patient to a licensed funeral director pending the completion of the medical certificate of death by the attending physician or attending advanced practice registered nurse if the physician, advanced practice registered nurse or the medical director or chief of the medical staff of the facility has authorized the release in writing.

6. The Board may adopt regulations concerning the authorization of a registered nurse, **licensed practical nurse** or physician assistant to make pronouncements of death.

7. As used in this section:

(a) "Advanced practice registered nurse" means a registered nurse who holds a valid license as an advanced practice registered nurse issued by the State Board of Nursing pursuant to [NRS 632.237](#).

(b) "Medical facility" means:

(1) A facility for skilled nursing as defined in [NRS 449.0039](#);

(2) A facility for hospice care as defined in [NRS 449.0033](#);

(3) A hospital as defined in [NRS 449.012](#);

(4) An agency to provide nursing in the home as defined in [NRS 449.0015](#); or

(5) A facility for intermediate care as defined in [NRS 449.0038](#).

(c) "Physician assistant" means a person who holds a license as a physician assistant pursuant to [chapter 630](#) or [633](#) of NRS.

(d) "Program for hospice care" means a program for hospice care licensed pursuant to [chapter 449](#) of NRS.

(e) "Pronouncement of death" means a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending provider of health care in accordance with the provisions of this chapter.

(Added to NRS by [1993, 1158](#); A [1999, 247](#); [2005, 2519](#); [2007, 1855](#); [2017, 1755](#))



DR. RANDY SHARP
Board Chair

STEPHANIE BRYANT MCGEE
Executive Director

NOTICE OF INTENT TO ACT UPON A REGULATION

LCB File Number R143-23

**NOTICE OF HEARING FOR THE ADOPTION AND AMENDMENT
OF REGULATIONS OF THE NEVADA FUNERAL AND CEMETERY SERVICES BOARD**

The Nevada Funeral and Cemetery Services Board will hold a public hearing at 9:00 a.m., on May 15, 2024, at the Nevada Funeral & Cemetery Services Board meeting held in Reno, Nevada.

For those wishing to attend in person, the physical location of the Hearing is the Nevada Funeral and Cemetery Services Board Office, 3740 Lakeside Drive, Suite 201, Reno, Nevada 89509.

For those wishing to attend virtually by computer, mobile app, or telephone, the Hearing will also be held virtually via Zoom. The link to the Zoom Meeting is:

To join on your computer or mobile app:

<https://us06web.zoom.us/j/2539775871?pwd=R1NSVGtucG5rd29NMG5zbHVhSmEwdz09&omn=86159639784>

To join by Meeting ID through Zoom:

Meeting ID: 253 977 5871

Passcode: 668556

To join by telephone:

669-900-6833

Meeting ID: 253 977 5871

Passcode: 668556

The purpose of the hearing is to receive comments from all interested persons regarding the adoption, amendment, and repeal of regulations that pertain to chapter 642 of the Nevada Administrative Code, LCB File No. R143-23.

The following information is provided pursuant to the requirements of NRS 233B.0603:

1. A statement of the need for and purpose of the proposed regulation.

On January 12, 2023, Nevada Governor Joe Lombardo issued Executive Order 2023-003. Section 1 of that Executive Order requires the Nevada Funeral and Cemetery Services Board (Board) to

[Type here]

conduct a comprehensive review of the regulations subject to the Board's enforcement. Pursuant to that Executive Order, the Board was to identify any regulations that can be streamlined, clarified, reduced, or otherwise improved to ensure those regulations provide for the general welfare of the State of Nevada without unnecessarily inhibiting economic growth.

An additional proposed amendment is offered to provide guidance for compliance with reporting and paying regulatory fees required pursuant to NRS 642.0696.

2. Either the terms or the substance of the regulations to be adopted, amended or repealed, or a description of the subjects and issues involved.

A copy of the proposed regulation amendment is attached to this notice.

3. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately and in each case must include:

- (a) Both adverse and beneficial effects

Adverse effects

The Board does not anticipate any adverse economic impact from this regulation on businesses or the public.

Beneficial effects

The Board anticipates the beneficial effect to the public would be the adoption, amendment, or repeal of any regulations that need clarification, improvement, or unnecessarily inhibit economic growth. The beneficial effects are that the proposed regulations are reasonably necessary and expedient for the orderly conduct of the Board's administration of NRS 642.

- (b) Both immediate and long-term effects

Immediate effects

The Board does not anticipate any immediate economic effect on businesses or the public.

Long-term effects

The Board does not anticipate any long-term economic effect on businesses or the public.

4. The methods used by the agency in determining the impact on a small business.

The Board discussed the regulatory changes at a workshop on November 15, 2023. There were no public comments regarding any opposition to any of the changes or any concerns regarding any economic impact on small business. In addition, the Board sent an email to each business holding a license issued by the Board requesting a response to a small business impact survey. The Board received no response to the survey.

5. The estimated cost to the agency for enforcement of the proposed regulation.

Enforcement of the regulation will be performed by the Board in the normal conduct of its affairs. There should not be any additional costs associated with enforcement of the proposed regulation.

6. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The Board is not aware of any similar regulations of other state or government agencies that the proposed regulations overlap or duplicate.

7. If the regulation is required pursuant to federal law, a citation and description of the federal law.

This regulation is not required by federal law.

8. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The proposed regulations do not include any provisions that duplicate or are more stringent than any federal, state, or local regulations or standards regulating the same activity.

9. Whether the proposed regulation establishes a new fee or increases an existing fee.

The proposed regulation does not provide for any new or increased fees.

Persons wishing to comment upon the proposed action of the Nevada Funeral and Cemetery Services Board may appear at the scheduled Public Hearing in person or via the Zoom videoconference or may address their comments, data, views, or opinions, in written form, to the Funeral and Cemetery Services Board, 3740 Lakeside Drive, Suite 201, Reno, Nevada 89509, or via email to nvfuneralboard@fb.nv.gov. Written submissions must be received by the Board by May 1, 2024, at 5:00 p.m. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

A copy of this notice and the text of the proposed regulation to be adopted, amended, and repealed will be on file at the State Library, 100 Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulation to be adopted will be available at the Nevada Funeral and Cemetery Services Board Office at 3740 E. Lakeside Drive, Suite 201, Reno, Nevada, and <https://funeral.nv.gov> for inspection and copying by members of the public during business hours. This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653. Copies of this notice and the proposed regulation will also be mailed to members of the public at no charge upon request.

Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at the following locations:

- The Board's Office at 3740 Lakeside Drive, Suite 201 in Reno, Nevada.
- The Nevada Public Notice website: <https://notice.nv.gov/>
- The Board's website: <https://funeral.nv.gov/>
- The Nevada Legislature notice website: <https://www.leg.state.nv.us/register/>

Notice has also been sent via email or physical mail, as requested, to all licensees of the Board and persons on the agency's mailing list for administrative regulations. Notices were also sent via email for posting by the Nevada State Library and Archives and the Nevada Legislative Counsel Bureau.

Dated April 9, 2024

**PROPOSED REGULATION OF THE
NEVADA FUNERAL AND CEMETERY SERVICES BOARD**

LCB File No. R143-23

January 30, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: § 1, NRS 642.063 and 642.0696; § 2, NRS 642.060 and 642.063.

A REGULATION relating to funeral services; requiring funeral establishments and direct cremation facilities to submit monthly to the Nevada Funeral and Cemetery Services Board a report and certain regulatory fees relating to agreements for funeral services; authorizing the Board to request additional information about such reports; repealing certain provisions relating to practicing before the Board; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the Nevada Funeral and Cemetery Services Board to adopt regulations to carry out certain provisions of law governing funeral establishments and direct cremation facilities. (NRS 642.063) Existing law also requires the Board to collect a regulatory fee for each written and signed agreement for funeral services at the time the agreement for funeral services is fully executed. (NRS 642.0696) **Section 1** of this regulation requires each funeral establishment and direct cremation facility to submit to the Board each month a report of all written and signed agreements to furnish funeral services and each regulatory fee for such agreements received during the immediately preceding month. **Section 1** also authorizes the Board to request any additional information from a funeral establishment or direct cremation facility to verify the information provided in the report.

Existing law sets forth certain administrative procedures relating to contested cases which, with certain exceptions, apply to regulatory bodies which have authority to regulate certain occupations or professions. (Chapters 233B and 622A of NRS) Existing law further provides that a regulatory body may adopt certain procedures relating to contested cases so long as the procedures do not hinder the duty of the regulatory body to protect the public. (NRS 622A.130) Existing regulations set forth certain specific requirements for practice before the Board, including that: (1) all testimony considered by the Board at a hearing, with certain exceptions, be sworn testimony; (2) the member of the Board who is presiding at a hearing will follow certain preliminary procedures before the parties may make opening statements; and (3) evidence at a hearing will ordinarily be received in a certain order unless the Board modifies such order. (NAC 642.225, 642.230, 642.235) Existing regulations further: (1) set forth the procedure to request a rehearing of the Board; and (2) provide that the Board will conduct a rehearing in accordance with the procedure for hearings. (NAC 642.260) **Section 2** of this

regulation repeals these provisions from the Nevada Administrative Code. As a result, the applicable provisions of the Nevada Revised Statutes relating to contested cases which apply generally to regulatory bodies will apply to the Board. (NRS 622A.380, 622A.390)

Section 1. Chapter 642 of NAC is hereby amended by adding thereto a new section to read as follows:

1. Each funeral establishment and direct cremation facility shall submit to the Board on or before the 15th day of each month:

(a) A report on a form prescribed by the Board of all written and signed agreements to furnish funeral services entered into during the immediately preceding month; and

(b) Each regulatory fee for a written and signed agreement to furnish funeral services received pursuant to NRS 642.0696 during the immediately preceding month.

2. The Board may request from a funeral establishment or direct cremation facility any additional information necessary to verify the information provided in the report submitted pursuant to subsection 1, including, without limitation, a list or copies of the written and signed agreements to furnish services.

Sec. 2. NAC 642.225, 642.230, 642.235 and 642.260 are hereby repealed.

TEXT OF REPEALED SECTIONS

642.225 Oath or affirmation required for testimony. All testimony considered by the Board at a hearing, except facts which have been noticed by the Board or entered into the record

by stipulation of the parties, must be sworn testimony. Each witness shall declare, by oath or affirmation, that he or she will testify truthfully.

642.230 Preliminary procedure. The member of the Board who is presiding at a hearing will call the hearing to order, take the appearances of the parties and act upon any pending motions or petitions. The parties may then make opening statements.

642.235 Order of presentation: Generally.

1. Evidence at a hearing will ordinarily be received from the parties in the following order:

- (a) The Board or person who filed the charge or petition.
- (b) Members of the staff of the Board, if different from the petitioner.
- (c) The respondent.
- (d) Rebuttal by the person who filed the charge or petition.
- (e) If permitted by the Board, closing statements.

2. The Board may modify the order in which evidence is received.

642.260 Rehearing.

1. Within 15 days after the Board renders a decision or order, the aggrieved party may apply for a rehearing by filing a written petition which sets forth the grounds for a rehearing. While the petition for a rehearing is pending, the aggrieved party shall comply with the decision or order of the Board, except upon order of the Board.

2. The Board will make a decision on a petition for a rehearing within 30 days after the effective date of the order or decision upon which the rehearing is requested. If the Board does not make a decision on the petition for a rehearing within 30 days, the petition shall be deemed denied.

3. The Board may order a rehearing on its own motion within 30 days after it renders a decision if it discovers that a mistake, fraud or misconception of fact existed when it rendered the original decision or order.

4. The Board will conduct a rehearing in accordance with the procedure for hearings.

Application and Instructions for Funeral Arranger Licensure

Applicant Information

Full Legal Name:

Sergio Manuel Martinez- Ramos

Home Mailing Address:

[REDACTED]

City:
HendersonState:
NVZip:
89015Phone Number: ☐ Home ☒ Cell

725-298-8436

Personal E-mail Address:

[REDACTED]

Social Security Number:

[REDACTED]

Date of Birth:

[REDACTED]

Sex:

☒ Male☐ FemaleCitizenship: ☒ US Citizen ☐ Authorized to Work in the US

Place of Birth: Long Beach, CA

List all prior names used by applicant:

Employment Information

Name of Employer:

Casa De Paz Funeraria

Work Mailing Address:

21 Marion Dr

City:
Las VegasState:
NVZip:
89110Phone Number: ☒ Work ☐ Cell

702-678-5940

Work E-mail Address:

funerariacdp702gmail.com

Preferred Contact Information (all Board correspondence will be sent to selected):

☒ Home☐ Work

Address History – Please list places of residence for the last 10 years – attach additional sheets if necessary

1. Current Physical Address:

[REDACTED]

City:
HendersonState:
NVZip:
89015

Dates of Residence:

From: 12/23

To: Current

☐ Own☒ Rent

2. Prior Physical Address:

[REDACTED]

City:
HendersonState:
NVZip:
89011

Dates of Residence:

From: 3/20

To: 12/23

☐ Own☒ Rent

3. Prior Physical Address:

[REDACTED]

City:
HendersonState:
NVZip:
89002

Dates of Residence:

From: 1/19

To: 3/20

☐ Own☒ Rent

4. Prior Physical Address:

[REDACTED]

City:
HendersonState:
NVZip:
89015

Dates of Residence:

From: 1/18

To: 1/19

☐ Own☒ Rent

5. Prior Physical Address:

[REDACTED]

City:
HendersonState:
NVZip:
89002

Dates of Residence:

From: 1/2015

To: 1/2018

☐ Own☒ Rent

6. Prior Physical Address:

[REDACTED]

City:
HendersonState:
NVZip:
89011

Dates of Residence:

From: 1/2014

To: 1/2016

☐ Own☒ Rent

7. Prior Physical Address:

[REDACTED]

City:

State:

Zip:

Dates of Residence:

From:

To:

☐ Own☐ Rent

Professional Employment History (5 years) – attach additional sheets if necessary

1. Current Employer: Casa De Paz Funeraria Dates of Employment: From: 5/2022 To: Current

Title: Back Office/ Care Center Duties: Treat families with respect and dignity

Address: 21 Marion Dr City: Las Vegas State: NV Zip: 89110

Phone Number: 702-678-5940 Fax #:

2. Previous Employer: Las Vegas Mortuary Transportation Dates of Employment: From: 8/2023 To: Current

Title: Driver Duties: Transport with respect and dignity

Address: City: Las Vegas State: NV Zip:

Phone Number: 509-218-9033 Fax #:

3. Previous Employer: Sunrise Air Systems Dates of Employment: From: 6/2021 To: 5/2022

Title: Warehouse Worker Duties: Set Up

Address: 7380 Commercial Way City: Henderson State: NV Zip: 89011

Phone Number: 702-568-5600 Fax #:

4. Previous Employer: Hites Funeral Home Dates of Employment: From: 3/19 To: 4/21

Title: Driver Duties: Dispatch and respond to Coroner calls with respect and dignity

Address: 438 W Sunset Rd City: Henderson State: NV Zip: 89011

Phone Number: Closed Fax #:

5. Previous Employer: Dates of Employment: From: To:

Title: Duties:

Address: City: State: Zip:

Phone Number: Fax #:

Professional Licensing History -- attach additional sheets if necessary

Are you now or have you ever been licensed, certified or registered as an Embalmer or Funeral Director in any other jurisdiction? If yes, please list all licenses below. ☐ Yes ☒ No

Have you ever been licensed or are you currently licensed in this State or any other state for any profession? If yes, please list all licenses below. ☐ Yes ☒ No

State/Jurisdiction	License Type	License #	Date of Issue

Application and Instructions for Funeral Arranger Licensure

Examination of Applicant

Verification of successful completion of testing through The International Conference must be complete prior to issuance of license. Applicant must take and pass the Nevada Law, Rule and Regulation Exam.

Have you taken and passed the Nevada Law, Rule and Regulation Exam (NVLRR)? ☒ Yes ☐ No

Date NVLRR exam was taken: 2/12/2024 Score: 78

If you have completed the required testing, please make sure an "Official Certified Score Report" is sent to the Board office directly from The Conference.

Military History Questions

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☒ No

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☒ No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from service under conditions other than dishonorable? ☐ Yes ☒ No

Are you currently a spouse of an active military service member? ☐ Yes ☒ No

Nevada Business License Information- Please Check ONE appropriate answer.

☒ I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.

☐ I do NOT have a Nevada Business License number and AM required to have one under the provisions of NRS Chapter 76.

☐ I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Child Support Information – Please Check ONE appropriate answer.

☒ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Legal Information

Has there ever been a complaint filed, investigation, or legal action taken against any professional license you have held for any reason? ☐ Yes ☒ No

Are there any pending legal actions, complaints, investigations or hearings concerning you in process? ☐ Yes ☒ No

Have you ever had any professional license, certification or registration denied, restricted, suspended, or revoked? ☐ Yes ☒ No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? ☐ Yes ☒ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) *(If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)* ☐ Yes ☒ No

Credit Card Payment Information

Payment Method

Applicant Name:

Sergio Manuel Martinez- Ramos



Amount:

\$ 375.00

Name on Credit Card:

Sergio Ramos Martinez

Credit Card Number:

[REDACTED] 2545

Expiration Month/Year

04/28

Billing Address

21 Marion Dr

Billing City, State & Zip

Las Vegas ,NV 89110

Email for Receipt:

funerariacdp702@gmail.com

Authorization

Signature:

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.

Certification and Signature

The undersigned hereby applies for a license under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the credentials submitted, and the same were procured in the regular course of instruction and examination, without fraud or misrepresentation; and with full knowledge that all statements made in this application may be subject to investigation, and may include a check for fingerprints, police records, and former employers. Applicant understands that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a license is issued and it is later determined that false or misleading information was provided, the license may be revoked.

Applicant agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understands that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

Signature of Applicant

Sergio Manuel Martinez- Ramos

2/14/2024

Date

Print Name



Applicant Photo – (Attach a 2" x 2" photo)

For Board Use Only:

Date Received: _____	Amount Paid: _____	Ref. #: _____
Approved: _____	Issue Date: _____	Lic #: _____
Denied/Withdrawn: _____	Date Mailed: _____	



Nevada Laws, Rules & Regulations (LRR) Exam

Prepared by the International Conference of Funeral Service Examining Boards

Sergio Martinez-Ramos
520 College Dr Apt 926
Henderson, NV 89015
USA

Site: 47070
Exam Date: 02/12/2024 18:28:16.624
ID Number: 308845820

The candidate listed above has **Passed** the **Nevada Laws, Rules & Regulations (LRR) Exam**.
Candidate's score is 78 scaled-score units.
The passing score is 70 scaled-score units.

<u>Content Area</u>	<u>Items Correct</u>	<u>Maximum</u>
Nevada Laws, Rules & Regulations (LRR) Exam	39	50
Total	39	50

We are pleased to inform you that you have passed the Nevada Laws, Rules & Regulations (LRR) Exam. An official certified copy of your score will be sent to the Nevada State Funeral Board. Please contact the state of Nevada with any questions you have regarding licensure.

State of Nevada Funeral and Cemetery Services Board
3740 Lakeside Drive, Suite 201, Reno, NV 89509
Phone 775-825-5535
www.funeral.nv.gov

From: [CDP Paz](#)
To: [Nevada Funeral and Cemetery Services Board](#); [checkit](#)
Subject: Sergio Manuel Martinez-Ramos Application
Date: Wednesday, February 14, 2024 11:47:58 AM
Attachments: [app_20240214185524.pdf](#)



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Criminal History Reporting Form

Information

This form is required in conjunction with license application forms if applicant has prior criminal history. Each event on this form should indicate a separate event in which charges were filed.

If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:
Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:
2019

Court Location:
Henderson, Nevada

Case Number:
19CR00733

Crime Charged:
Vehicular Manslaughter

Case Outcome:

☐ Pled Guilty

☒ Found Guilty

☐ Pled no contest

☐ Pending

☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
9/15/2019

Penalty Imposed:
\$640 fine, Victims impact panel, 24 hour community service, Traffic Safety School Level 2, Suspended License for 1 year

Type of Conviction

☐ Category A or B Felony

☐ Gross Misdemeanor

☐ Other:

☐ Category C, D or E Felony

☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes

☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes

☐ No

Do you have any other criminal record items to disclose?

☐ Yes

☒ No

If yes, each item requires another copy of this form.

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Failed to yield at from stop or yield sign at controlled intersection.

Criminal History Form

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

The undersigned agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this criminal history review, and understands that any information submitted, including this form, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

03/26/2023

Signature of Applicant

Sergio Manuel Martinez-Ramos

Date

Print Name



HENDERSON MUNICIPAL COURT
DOCKET SHEET

MARTINEZ-RAMOS, SERGIO MANUEL
19CR007333 DOB: 4/17/93

D1 STEVENS

DR# 19-07529

1 VEHICULAR MANSLAUGHTER [53898] MISDEMEANOR

SENTENCED

Offense Date: 4/3/19 DR# 19-07529

CLOSED

\$0.00

Date / Time / Dept	Event	Event Result
9/5/19 9:00 am D1	ARR	SENTENCED

		ASSESSED	PAID	CREDIT	BALANCE
7/24/19	APPEARANCE REQUIRED ON ARRAIGNMENT DATE				BML4
7/24/19	COMPLAINT FILED WITH COURT				BML4
7/24/19	NOTICE OF CASE STATUS RECEIVED FROM HENDERSON CITY ATTORNEY'S OFFICE-CRIMINAL DIVISION; SUMMONS REQUESTED				BML4
7/24/19	COURT DATE SET: Event: CRIMINAL ARRAIGNMENT Date: 09/05/2019 Time: 9:00 am Judge: STEVENS, MARK J Location: DEPARTMENT 1 Result: SENTENCED				BML4
7/24/19	SUMMONS ISSUED				BML4
8/1/19	SUMMONS SERVED UPON PERSON OTHER THAN DEFENDANT (SISTER) Charge #1: VEHICULAR MANSLAUGHTER				SDC2
9/5/19	Plea: Nolo Contendere Plea/Found Guilty by Judge Charge #1: VEHICULAR MANSLAUGHTER				BML4
9/5/19	STIPULATE TO FACTUAL BASIS				BML4
9/5/19	SENTENCED: FINE: \$500+140 AND 180 DAYS JAIL, SUSPEND 180 DAYS JAIL IF DEFENDANT COMPLETES: - VICTIM'S IMPACT PANEL (VIP) - 24 HOURS COMMUNITY SERVICE - TRAFFIC SAFETY SCHOOL (TSS) LEVEL 2 - NO FURTHER ARRESTS/CITATIONS (ANY CRIMINAL) FOR 1 YEAR FINE DUE IN FULL: 11/07/19 ADMONISHED/SIGNED/WAIVED SUPERVISION EXPIRATION DATE: 09/03/20 *ALL CONDITIONS, INCLUDING FINE AND SUSPENDED JAIL, ARE CONCURRENT WITH 19CR007332* Charge #1: VEHICULAR MANSLAUGHTER				BML4
9/5/19	FINE/FORFEITURE: \$500 + 140 ADMINISTRATIVE ASSESSMENT Charge #1: VEHICULAR MANSLAUGHTER Receipt: 854328 Date: 09/17/2019		640.00	640.00	BML4
9/5/19	DMV CONVICTION SENT Charge #1: VEHICULAR MANSLAUGHTER				BML4
9/5/19	PUBLIC DEFENDER PRESENT FOR NEGOTIATIONS Charge #1: VEHICULAR MANSLAUGHTER				BML4
9/5/19	INDIRECT SUPERVISION ORDERED				BML4
9/5/19	COUNTER: 9.31.00				BML4



HENDERSON MUNICIPAL COURT
DOCKET SHEET

MARTINEZ-RAMOS, SERGIO MANUEL
19CR007333 DOB: 4/17/93

D1 STEVENS
DR# 19-07529

9/5/19	EVENT PARTICIPANTS: Court Location: DEPARTMENT 1 Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: KJ - CLERK: Present LAY, MATTHEW D - PUBLIC DEFENDER: Present REARDON, BRIAN - DEPUTY CITY ATTORNEY: Present SDS - CLERK: Present Prosecutors: Parties: MARTINEZ-RAMOS, SERGIO MANUEL - DEFENDANT: Present	BML4				
9/18/19	TRAFFIC SCHOOL CERTIFICATE RECEIVED ATTENDED: ABC THERAPY - LEVEL 2 ON: 09/17/19 Charge #1: VEHICULAR MANSLAUGHTER	MDD				
9/14/20	PETITION WITH ORDER DISCHARGING SUPERVISION SUBMITTED BY SPECIAL PROGRAMS AND SERVICES BUREAU FORWARDED TO JUDGE ON: 09/14/2020	RL1				
9/17/20	SUPERVISION DISCHARGED: HONORABLE	FCM				
9/17/20	CASE CLOSED	FCM				
			640.00	640.00	0.00	0.00

From: [CDP Paz](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Sergio Martinez-Ramos Application
Date: Tuesday, March 26, 2024 11:02:08 AM
Attachments: [nvfb.pdf](#)



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Criminal History Reporting Form

Information

This form is required in conjunction with license application forms if applicant has prior criminal history. Each event on this form should indicate a separate event in which charges were filed.

If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:

Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:
2023

Court Location:
Las Vegas, Nevada

Case Number:
LVM2346558

Crime Charged:
Drive without valid drivers license

Case Outcome: Misdemeanor

☐ Pled Guilty

☒ Found Guilty

☐ Pled no contest

☐ Pending

☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
04/17/2023. case closed balance \$0 as of 04/03/2024

Penalty Imposed:
\$120.50

Type of Conviction

☐ Category A or B Felony

☐ Gross Misdemeanor

☐ Other:

☐ Category C, D or E Felony

☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes

☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes

☐ No

Do you have any other criminal record items to disclose?

☒ Yes

☐ No

If yes, each item requires another copy of this form.

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Driving without a valid license, submitted proof on 06/05/2023.

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

The undersigned agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this criminal history review, and understands that any information submitted, including this form, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.



4/08/2024

Signature of Applicant
Sergio Martinez- Ramos

Date

Print Name

CASE SUMMARY

CASE No. LVM2346558

The State of Nevada vs. Martinez-Ramos, Sergio
Manuel§
§
§
§
§Location: Traffic
Filed on: 01/24/2023
Appear by: 07/16/2023

CASE INFORMATION



Offense	Citation	Statute	Deg	Date	Case Type
Jurisdiction: L.V. Township Justice					Traffic
1. Drive without valid drivers license [53720]	LVM2346558	483.550	M	01/18/2023	

PARTY INFORMATION

Defendant **Martinez-Ramos, Sergio Manuel**
 1944 Allen Ave
 Henderson, NV 89011

DATE

EVENTS & ORDERS OF THE COURT

06/09/2023	Valid Proof Provided for Reduced Fine(s) Charges: 1Drive without valid drivers license [53720] (53720)
06/05/2023	 Matterhorn Document Uploaded Driver license submitted - accepted.
04/17/2023	Traffic Requirements 1. Drive without valid drivers license [53720] 01/18/2023 (M) 483.550 (53720) PCN: Sequence: Condition - Adult: 1. Proof of Nevada Drivers License - Reduced Fine, defendant sentenced to pay a reduced fine and must provide proof of obtaining a Nevada drivers license within 90 days. If proof is not provided, the full fine amount of \$250.00 will be assessed and case will be sent to collections., 04/17/2023, Active 04/17/2023 Comment (Defendant must pay fees and fines in the amount of \$115.00.)
04/17/2023	Disposition Added Disposition Event 1. Drive without valid drivers license [53720] Adjudication Deferred PCN: Sequence:
04/17/2023	Plea 1. Drive without valid drivers license [53720] Nolo Contendere PCN: Sequence:
04/10/2023	Attestation
01/24/2023	 Citation Image
01/24/2023	Citation
	Credit Defendant Martinez-Ramos, Sergio Manuel (5.00)
	Payment Receipt # CCS-2023-59509 Defendant Martinez-Ramos, Sergio Manuel (0.50)
	Charge Credit Card Convenience FeeDefendant Martinez-Ramos, Sergio Manuel 5.50 (MH)
	Payment Receipt # CCS-2023-59508 Defendant Martinez-Ramos, Sergio Manuel (115.00)
	Charge State Fines - ODR Defendant Martinez-Ramos, Sergio Manuel 115.00

CASE SUMMARY

CASE No. LVM2346558

DATE

FINANCIAL INFORMATION

Defendant Martinez-Ramos, Sergio Manuel
Total Charges
Total Payments and Credits
Balance Due as of 04/03/2024

120.50

120.50

0.00

From: [CDP Paz](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Sergio Martinez- Ramos Application
Date: Monday, April 8, 2024 1:33:55 PM
Attachments: [funeral.pdf](#)



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>**Criminal History Reporting Form****Information**

This form is required in conjunction with license application forms if applicant has prior criminal history. Each event on this form should indicate a separate event in which charges were filed.

If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:
Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:
2022

Court Location:
Las Vegas, Nevada

Case Number:
C1269809

Crime Charged:
DUI Liquor, Unsafe Starting A Stopped Vehicle, Failure To Drive In Travel Lane, Suspended Registration
Violate Instruction Permit Requirements

Case Outcome: Misdemeanor

☐ Pled Guilty

☒ Found Guilty

☐ Pled no contest

☐ Pending

☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
10/17/2022 case Closed 04/13/2023

Penalty Imposed:
Credit Time Served 2 Days, Repeat Offender Class, Stay Out Of Trouble, \$653,

Type of Conviction

☐ Category A or B Felony

☐ Gross Misdemeanor

☐ Other:

☐ Category C, D or E Felony

☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes

☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes

☐ No

Do you have any other criminal record items to disclose?

☒ Yes

☐ No

If yes, each item requires another copy of this form.

Explanation of Event


Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Arrested under suspicion determined not guilty on the DUI charges.
Vehicle was Registered After
License was Submitted After

Criminal History Form

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

The undersigned agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this criminal history review, and understands that any information submitted, including this form, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.



Signature of Applicant
Sergio Martinez- Ramos

4/08/2024

Date_____
Print Name



Las Vegas Municipal Court
100 E. Clark Ave.
Las Vegas, NV 89101
38-COURT (702-382-6878)

Mailing Address:
P.O. Box 3920
Las Vegas, NV 89127

DOCKET

THE CITY OF LAS VEGAS

Plaintiff,

vs.

SERGIO MARTINEZ RAMOS

Defendant

Case Number: **C1269809**
History Number: **100521713**
SCOPE: **8131757**
Violation Date: **8/13/2022**
Case Status: **CLOSED**
Status Date: **4/13/2023**
Next Court Date:

Case Proceedings

Date/Time	Proceeding
10/17/2022 8:41 AM	ATTORNEY ASSIGNED: GRUBER, HARVEY - BAR No 6329
10/17/2022 1:00 PM	Scheduled: Dept 3 10/17/2022 13:00 - Arraignment - Arraignment
11/15/2022 8:10 AM	Scheduled: Dept 3 11/15/2022 08:10 - PreTrial - Pre-Trial
12/5/2022 8:00 AM	Scheduled: Dept 3 12/05/2022 08:00 - Status Check - Pre-Trial
1/17/2023 8:10 AM	Scheduled: Dept 3 01/17/2023 08:10 - PreTrial - Pre-Trial

COUNT 1

Original Violation	Current/Final Violation	Disposition	Disposed Date
Dui Liquor (Criminal-11.14.030)	Dui Liquor (Criminal-11.14.030)	Denied	10/5/2022 3:41 PM
Date/Time	Proceeding		
8/13/2022 3:15 AM	Case Created		
10/5/2022 3:41 PM	Disposition: Other: Converted Denied		

COUNT 2

Original Violation	Current/Final Violation	Disposition	Disposed Date
Basic speeding violation - 31-40 miles per hour or greater over posted speed limit (Traffic-11.16.010)	Unsafe Starting A Stopped Vehicle (Civil-484B.410)	Found Guilty	4/13/2023 12:10 PM
Date/Time	Proceeding		
8/13/2022 5:24 AM	Case Created		
10/5/2022 3:39 PM	Complaint Filed		
1/17/2023 12:00 AM	Plea Added - Nolo		
4/13/2023 12:10 PM	Disposition: Other: Converted Found Guilty		

COUNT 3

Original Violation	Current/Final Violation	Disposition	Disposed Date
--------------------	-------------------------	-------------	---------------



Las Vegas Municipal Court

100 E. Clark Ave.
Las Vegas, NV 89101
38-COURT (702-382-6878)

Mailing Address:
P.O. Box 3920
Las Vegas, NV 89127

DOCKET

THE CITY OF LAS VEGAS

Plaintiff,

vs.

SERGIO MARTINEZ RAMOS

Defendant

Case Number: **C1269809**
History Number: **100521713**
SCOPE: **8131757**
Violation Date: **8/13/2022**
Case Status: **CLOSED**
Status Date: **4/13/2023**

Next Court Date:

Failure To Drive In Travel Lane (Civil-484B.223)

Failure To Drive In Travel Lane (Civil-484B.223)

Denied

10/5/2022 3:41 PM

Date/Time	Proceeding
8/13/2022 5:24 AM	Case Created
10/5/2022 3:41 PM	Disposition: Other: Converted Denied

COUNT 4

Original Violation	Current/Final Violation	Disposition	Disposed Date						
Suspended Registration/Plates (Traffic-10.02.010)	Suspended Registration/Plates (Traffic-10.02.010)	Denied	10/5/2022 3:41 PM						
<table><thead><tr><th>Date/Time</th><th>Proceeding</th></tr></thead><tbody><tr><td>8/13/2022 5:24 AM</td><td>Case Created</td></tr><tr><td>10/5/2022 3:41 PM</td><td>Disposition: Other: Converted Denied</td></tr></tbody></table>				Date/Time	Proceeding	8/13/2022 5:24 AM	Case Created	10/5/2022 3:41 PM	Disposition: Other: Converted Denied
Date/Time	Proceeding								
8/13/2022 5:24 AM	Case Created								
10/5/2022 3:41 PM	Disposition: Other: Converted Denied								

COUNT 5

Original Violation	Current/Final Violation	Disposition	Disposed Date						
Violate Instruction Permit Requirements (Civil-10.02.010)	Violate Instruction Permit Requirements (Civil-10.02.010)	Denied	10/5/2022 3:41 PM						
<table><thead><tr><th>Date/Time</th><th>Proceeding</th></tr></thead><tbody><tr><td>8/13/2022 5:24 AM</td><td>Case Created</td></tr><tr><td>10/5/2022 3:41 PM</td><td>Disposition: Other: Converted Denied</td></tr></tbody></table>				Date/Time	Proceeding	8/13/2022 5:24 AM	Case Created	10/5/2022 3:41 PM	Disposition: Other: Converted Denied
Date/Time	Proceeding								
8/13/2022 5:24 AM	Case Created								
10/5/2022 3:41 PM	Disposition: Other: Converted Denied								



Las Vegas Municipal Court
100 E. Clark Ave.
Las Vegas, NV 89101
38-COURT (702-382-6878)

Mailing Address:
P.O. Box 3920
Las Vegas, NV 89127

DOCKET

THE CITY OF LAS VEGAS

Plaintiff,

vs.

SERGIO MARTINEZRAMOS

Defendant

Case Number: **C1269809**

History Number: **100521713**

SCOPE: **8131757**

Violation Date: **8/13/2022**

Case Status: **CLOSED**

Status Date: **4/13/2023**

Next Court Date:

Sentencing

Sentence	Amount	Status/Paid	Balance	Status Date
Credit Time Served	2 - Days	Imposed	0	4/13/2023
Repeat Offender Class	1 - Classes	Imposed	0	4/13/2023
Bail/Forfeit/Amend	\$653.00	Imposed	0	4/13/2023
Suspended Jail	30 - Days	Suspended	0	4/13/2023
Stay Out of Trouble - Broad	1 -	Imposed	0	4/13/2023



Las Vegas Municipal Court Case Summary Report

Case #: C1269809

Case Title: MARTINEZRAMOS, SERGIO MANUEL

Filed: 10/05/2022

DV: N

Case Status: Closed

Date: 04/13/2023

Parties

<u>Party</u>	<u>Name</u>	<u>Status</u>
Defendant	MARTINEZRAMOS, SERGIO MANUEL	

Charge/Sentence Information

<u>CNT</u>	<u>Violation Code</u>	<u>Charge Description</u>
1	1104	Dui Liquor
2	809	Unsafe Starting A Stopped Vehicle
3	1523	Failure To Drive In Travel Lane
4	108	Suspended Registration/Plates
5	202	Violate Instruction Permit Requiremnts

DV

Events

<u>Date/Time</u>	<u>Type</u>
10/17/2022	Arraignment
11/15/2022	PreTrial
12/05/2022	Status Check
01/17/2023	PreTrial

Documents



Las Vegas Municipal Court

100 E. Clark Ave. • Las Vegas, NV 89101

Case# C1269809 **Case Status:** Closed
Defendant: SERGIO MANUEL MARTINEZRAMOS

Charges:

Count# 1: Dui Liquor (1104)

Complaint Filed:

Count# 2: Unsafe Starting A Stopped Vehicle (809)

Complaint Filed: 10/05/2022

Count# 3: Failure To Drive In Travel Lane (1523)

Complaint Filed:

Count# 4: Suspended Registration/Plates (108)

Complaint Filed:

Count# 5: Violate Instruction Permit Requirements (202)

Complaint Filed:

Sentence(s):

Count#1: Dui Liquor

Count#2: Unsafe Starting A Stopped Vehicle

Credit Time Served 2 Days Imposed 04/13/23

Repeat Offender Class 1 Classes Imposed 04/13/23

Stay Out of Trouble - Broad 1 Imposed 04/13/23

Bail/Forfeit/Amend \$653.00 Imposed 04/13/23

Suspended Jail 30 Days Suspended 04/13/23

Count#3: Failure To Drive In Travel Lane

Count#4: Suspended Registration/Plates

Count#5: Violate Instruction Permit Requiremnts

Resolution:

Count#1: Duī Liquor

Plea: Finding:Denied 10/05/2022

Count#2: Unsafe Starting A Stopped Vehicle

Plea: Nolo 01/17/2023 Finding:Found Guilty 04/13/2023

Count#3: Failure To Drive In Travel Lane

Plea: Finding:Denied 10/05/2022

Count#4: Suspended Registration/Plates

Plea: Finding:Denied 10/05/2022

Count#5: Violate Instruction Permit Requiremnts

Plea: Finding:Denied 10/05/2022



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Criminal History Reporting Form

Information

This form is required in conjunction with license application forms if applicant has prior criminal history. Each event on this form should indicate a separate event in which charges were filed.

If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:
Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you: 2017		Court Location: Henderson, Nevada	
Case Number: 17CR013730	Crime Charged: CONTEMPT OF MUNICIPAL COURT		
Case Outcome: Misdemeanor	<input type="checkbox"/> Pled Guilty	<input checked="" type="checkbox"/> Found Guilty	<input type="checkbox"/> Pled no contest
	<input type="checkbox"/> Pending	<input type="checkbox"/> Dismissed	
Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed: 11/14/17, case closed 11/28/2017			
Penalty Imposed: \$115			

Type of Conviction

<input type="checkbox"/> Category A or B Felony	<input type="checkbox"/> Gross Misdemeanor	<input type="checkbox"/> Other:
<input type="checkbox"/> Category C, D or E Felony	<input checked="" type="checkbox"/> Misdemeanor	

Have all penalties/sanctions imposed been satisfied?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached the police report and/or legal documents related to the criminal charge(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other criminal record items to disclose?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, each item requires another copy of this form.</i>		

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Warrant , driving vehicle with suspended vehicle registration.

Criminal History Form

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

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4/08/2024

Signature of Applicant
Sergio Martinez- Ramos

Date

Print Name



HENDERSON MUNICIPAL COURT
DOCKET SHEET

MARTINEZ-RAMOS, SERGIO MANUEL
17CR013730 DOB: 4/17/93

D1 STEVENS

1 CONTEMPT OF MUNICIPAL COURT [52459] MISDEMEANOR

SENTENCED

Offense Date: 11/14/17

CLOSED
\$0.00

Date / Time / Dept	Event	Event Result
11/14/17 8:00 am D1	ATA	SENTENCED

		ASSESSED	PAID	CREDIT	BALANCE
11/14/17	COURT DATE SET: REF 17M02495 / 16TR014577 Event: ADULT TRAFFIC ARRAIGNMENT Date: 11/14/2017 Time: 8:00 am Judge: STEVENS, MARK J Location: DEPARTMENT 1 Result: SENTENCED	CRG			
11/14/17	Plea: Guilty Plea Entered Charge #1: CONTEMPT OF MUNICIPAL COURT	CRG			
11/14/17	SENTENCED: FINE DUE IN FULL BY: 01/16/18 Charge #1: CONTEMPT OF MUNICIPAL COURT	CRG			
11/14/17	FINE/FORFEITURE \$50 + 65 ADMINISTRATIVE ASSESSMENT Charge #1: CONTEMPT OF MUNICIPAL COURT Receipt: 746316 Date: 11/28/2017 Receipt 746316 reversed by 746321 on 11/28/2017. Receipt: 746323 Date: 11/28/2017	CRG	115.00	115.00	
11/14/17	COUNTER: 08.09.30 / 08.15.30	CRG			
11/14/17	EVENT PARTICIPANTS: Court Location: DEPARTMENT 1 Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: ALA1 - CLERK: Present KJ - CLERK: Present Prosecutors: Parties: MARTINEZ-RAMOS, SERGIO MANUEL - DEFENDANT: Present	CRG			
11/28/17	FINE PAID IN FULL Charge #1: CONTEMPT OF MUNICIPAL COURT	RWH2			
11/28/17	CASE CLOSED	RWH2			
		115.00	115.00	0.00	0.00



HENDERSON MUNICIPAL COURT
DOCKET SHEET

MARTINEZ-RAMOS, SERGIO MANUEL
16TR014577 DOB: 4/17/93

D1 STEVENS

1 DRIVE VEH W/SUSPENDED VEH REG [53655] MISDEMEANOR

SENTENCED

Offense Date: 9/16/16 Citation #: HPD0005001981

CLOSED

\$0.00

Date / Time / Dept	Event	Event Result
10/25/16 8:00 am D1	ATA	CONTINUED: ONE TIME AT WINDOW
11/9/16 3:00 pm D1	ATA	SENTENCED
5/24/17 9:00 am D1	WLK	EVENT HELD
7/18/17 8:00 am D1	ATA	MOTION DENIED. NO PARTIES PRESENT.
7/19/17 3:00 pm D1	ATA	EVENT VACATED
10/31/17 8:00 am D1	ATA	MOTION CONTINUED
11/14/17 8:00 am D1	ATA	MOTION HEARING HELD

	ASSESSED	PAID	CREDIT	BALANCE
9/16/16 ELECTRONIC CITATION	crvram2			
9/19/16 COURT DATE SET: Event: ADULT TRAFFIC ARRAIGNMENT Date: 10/25/2016 Time: 8:00 am Judge: STEVENS, MARK J Location: DEPARTMENT 1 Result: CONTINUED: ONE TIME AT WINDOW	MC8			
9/19/16 NOTICE MAILED CITATION AMENDMENT LETTER Sent on: 09/19/2016 09:15:18.56	MC8			
10/24/16 CONTINUANCE REQUESTED AT WINDOW BY: MARTINEZ-RAMOS, SERGIO MANUEL RELATIONSHIP TO DEFENDANT: SELF The following event: ADULT TRAFFIC ARRAIGNMENT scheduled for 10/25/2016 at 8:00 am has been rescheduled as follows: Result: CONTINUED: ONE TIME AT WINDOW Judge: STEVENS, MARK J Location: DEPARTMENT 1	BML4			
10/24/16 COURT DATE SET: The following event: ADULT TRAFFIC ARRAIGNMENT scheduled for 10/25/2016 at 8:00 am has been rescheduled as follows: Event: ADULT TRAFFIC ARRAIGNMENT Date: 11/09/2016 Time: 3:00 pm Judge: STEVENS, MARK J Location: DEPARTMENT 1 Result: SENTENCED	BML4			
10/24/16 RETURN COURT DATE: CONTINUANCE FORM Sent on: 10/24/2016 08:37:12.71	BML4			
11/9/16 Plea: Nolo Contendere Plea Entered Charge #1: DRIVE VEH W/SUSPENDED VEH REG	MDO			
11/9/16 SENTENCED. FINE IN FULL DUE: 01/11/17 Charge #1: DRIVE VEH W/SUSPENDED VEH REG	MDO			



HENDERSON MUNICIPAL COURT
DOCKET SHEET

MARTINEZ-RAMOS, SERGIO MANUEL
16TR014577 DOB: 4/17/93

D1 STEVENS

11/9/16	FINE/FORFEITURE: \$100 + 95 ADMINISTRATIVE ASSESSMENT Charge #1: DRIVE VEH W/SUSPENDED VEH REG Receipt: 744820 Date: 11/14/2017 Receipt: 746315 Date: 11/28/2017 Receipt 746315 reversed by 746320 on 11/28/2017. Receipt: 746322 Date: 11/28/2017	MDD	195.00	195.00
11/9/16	COUNTER: 3.23.40	MDD		
11/9/16	EVENT PARTICIPANTS: Court Location: DEPARTMENT 1 Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: KJ - CLERK: Present MDD - CLERK: Present SCHULKE, KURT - PRO TEM: Present Prosecutors: Parties: MARTINEZ-RAMOS, SERGIO MANUEL - DEFENDANT: Present	MDD		
1/10/17	ONE TIME FINE PAYMENT EXTENSION GIVEN AT WINDOW. PAYMENT DUE: 01/25/17 REQUESTED BY: MARTINEZ-RAMOS, SERGIO MANUEL RELATIONSHIP TO DEFENDANT: SELF	BML6		
2/27/17	FILE AUDIT - PAYMENT WAS DUE: 1/25/17 ENFORCEMENT FEE ASSESSED. ENFORCEMENT NOTICE MAILED Sent on: 02/27/2017 16:36:57.98 Charge #1: DRIVE VEH W/SUSPENDED VEH REG Receipt: 744820 Date: 11/14/2017	DLY	100.00	100.00
4/3/17	DEFENDANT NON-COMPLIANT WITH ENFORCEMENT NOTICE. FAILURE TO PAY WARRANT ORDERED.	EAA		
4/4/17	FAILURE TO PAY WARRANT ISSUED #17M02495	DCT2		
4/5/17	ACTIVE WARRANT POSTCARD MAILED	CMC8		
5/22/17	DEFENDANT SCHEDULED FOR WALK-IN PROGRAM ADVISED TO BRING PAYMENT	CMC8		
5/22/17	COURT DATE SET: Event: WALK-IN ARRAIGNMENTS Date: 05/24/2017 Time: 9:00 am Judge: STEVENS, MARK J Location: DEPARTMENT 1 Result: EVENT HELD	CMC8		
5/24/17	DEFENDANT DID NOT APPEAR FOR WARRANT WALK-IN AS SCHEDULED. WARRANT STANDS.	CMC8		
5/24/17	COUNTER: 09.13.35	CMC8		



HENDERSON MUNICIPAL COURT
DOCKET SHEET

MARTINEZ-RAMOS, SERGIO MANUEL
16TR014577 DOB: 4/17/93

D1 STEVENS

5/24/17	EVENT PARTICIPANTS: Court Location: DEPARTMENT 1 Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: CMC8 - CLERK: Present KJ - CLERK: Present Prosecutors: Parties: MARTINEZ-RAMOS, SERGIO MANUEL - DEFENDANT: Not Present	CMC8
7/6/17	REFERRED TO OUTSIDE COLLECTIONS AGENCY	EAA
7/11/17	MOTION FILED: TO QUASH WARRANT FILED BY: SERGIO MANUEL MARTINEZ-RAMOS (DEFENDANT);	RWH2
7/12/17	COURT DATE SET: Event: ADULT TRAFFIC ARRAIGNMENT Date: 07/18/2017 Time: 8:00 am Judge: STEVENS, MARK J Location: DEPARTMENT 1 Result: MOTION DENIED. NO PARTIES PRESENT.	RWH2
7/12/17	RETURN COURT DATE: CONTINUANCE FORM Sent on: 07/12/2017 09:01:17.36	RWH2
7/12/17	RETURN COURT DATE: CONTINUANCE FORM Sent on: 07/12/2017 09:02:38.01	RWH2
7/18/17	MOTION DENIED. NO PARTIES PRESENT.	MDE
7/18/17	COUNTER: NONE	MDE
7/18/17	EVENT PARTICIPANTS: Court Location: DEPARTMENT 1 Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: ALA1 - CLERK: Present MDD - CLERK: Present Prosecutors: Parties: MARTINEZ-RAMOS, SERGIO MANUEL - DEFENDANT: Not Present	MDE
10/19/17	MOTION FILED: MOTION TO QUASH A WARRANT FILED BY SERGIO MANUEL MARTINEZ-RAMOS (DEFENDANT);	ML2
10/19/17	COURT DATE SET: Event: ADULT TRAFFIC ARRAIGNMENT Date: 10/31/2017 Time: 8:00 am Judge: STEVENS, MARK J Location: DEPARTMENT 1 Result: MOTION CONTINUED	ML2
10/31/17	CONTINUED FOR GOOD FAITH PAYMENT OF \$150 DEFENDANT MUST BRING PAYMENT TO NEXT COURT APPEARANCE WARRANT STANDS APPEARANCE REQUIRED	MDE
10/31/17	COUNTER: 8.13.00	MDE

Date Printed: 3/26/24 8:40 am

Page 3 of 4

I HEREBY CERTIFY THAT THIS REPORT IS A TRUE COPY OF THE ORIGINAL ON FILE AT
THE HENDERSON MUNICIPAL COURT.

DATE: 3/26/24
COURT CLERK: CCSS



HENDERSON MUNICIPAL COURT
DOCKET SHEET

MARTINEZ-RAMOS, SERGIO MANUEL
16TR014577 DOB: 4/17/93

D1 STEVENS

10/31/17	COURT DATE SET: Event: ADULT TRAFFIC ARRAIGNMENT Date: 11/14/2017 Time: 8:00 am Judge: STEVENS, MARK J Location: DEPARTMENT 1	MDE			
10/31/17	EVENT PARTICIPANTS: Court Location: DEPARTMENT 1 Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: CRG - CLERK: Present MDD - CLERK: Present Prosecutors: Parties: MARTINEZ-RAMOS, SERGIO MANUEL - DEFENDANT: Present	MDE			
11/14/17	WARRANT SERVED NOT BOOKED VIA OPEN COURT BY JUDGE STEVENS REF: 17M02495 / 17CR013730	CRG			
11/14/17	MOTION HEARING HELD. MOTION TO QUASH WARRANT DENIED.	CRG			
11/14/17	FINE DUE IN FULL: 01/16/18	CRG			
11/14/17	COUNTER: 08.09.30 / 08.15.30	CRG			
11/14/17	EVENT PARTICIPANTS: Court Location: DEPARTMENT 1 Check In: Judge: STEVENS, MARK J Location: DEPARTMENT 1 Staff: ALA1 - CLERK: Present KJ - CLERK: Present Prosecutors: Parties: MARTINEZ-RAMOS, SERGIO MANUEL - DEFENDANT: Present	CRG			
11/28/17	FINE PAID IN FULL Charge #1: DRIVE VEH W/SUSPENDED VEH REG	RWH2			
11/28/17	CASE CLOSED	RWH2			
			295.00	295.00	0.00 0.00



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>**Criminal History Reporting Form****Information**

This form is required in conjunction with license application forms if applicant has prior criminal history. Each event on this form should indicate a separate event in which charges were filed.

If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:

Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)Year charges were filed against you:
2015Court Location:
Las Vegas, NevadaCase Number:
15CR012589Crime Charged:
CONTEMPT OF MUNICIPAL COURT

Case Outcome: Misdemeanor

☐ Pled Guilty☒ Found Guilty☐ Pled no contest☐ Pending☐ DismissedDate on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
10/30/2015 case Disposed 11/02/2015Penalty Imposed:
Jail Time Served**Type of Conviction**☐ Category A or B Felony☐ Gross Misdemeanor☐ Other:☐ Category C, D or E Felony☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes☐ No

Do you have any other criminal record items to disclose?

☒ Yes☐ No

If yes, each item requires another copy of this form.

Explanation of Event


Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Jail Time Served for Contempt of Court

Criminal History Form

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

The undersigned agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this criminal history review, and understands that any information submitted, including this form, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.



Signature of Applicant
Sergio Martinez- Ramos

4/08/2024

Date_____
Print Name



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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Personal Information

Full Legal Name:
Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:
2015

Court Location:
Henderson, Nevada

Case Number:
15CR007875

Crime Charged:
CONTEMPT OF MUNICIPAL COURT

Case Outcome: Misdemeanor

☐ Pled Guilty

☒ Found Guilty

☐ Pled no contest

☐ Pending

☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
07/04/2015 Disposed 07/06/2015

Penalty Imposed:
\$305

Type of Conviction

☐ Category A or B Felony

☐ Gross Misdemeanor

☐ Other:

☐ Category C, D or E Felony

☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes

☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes

☐ No

Do you have any other criminal record items to disclose?

☒ Yes

☐ No

If yes, each item requires another copy of this form.

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Fine paid in full

Criminal History Form

Declaration

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Signature of Applicant
Sergio Martinez- Ramos

4/08/2024

Date

Print Name



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Criminal History Reporting Form

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If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:
Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:
2014

Court Location:
Henderson, Nevada

Case Number:
14CR011339

Crime Charged:
FALSE STATEMENT TO OR OBSTRUCT PUBLIC OFFICER

Case Outcome: Misdemeanor

☐ Pled Guilty

☒ Found Guilty

☐ Pled no contest

☐ Pending

☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
10/03/2014 DISPOSED 10/06/2014

Penalty Imposed:
\$1140.00

Type of Conviction

☐ Category A or B Felony

☐ Gross Misdemeanor

☐ Other:

☐ Category C, D or E Felony

☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes

☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes

☐ No

Do you have any other criminal record items to disclose?

☒ Yes

☐ No

If yes, each item requires another copy of this form.

Explanation of Event


Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Fine paid in full

Criminal History Form

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

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Signature of Applicant
Sergio Martinez- Ramos

4/08/2024

Date

Print Name



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Criminal History Reporting Form

Information

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Personal Information

Full Legal Name:
Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:
2014

Court Location:
Henderson, Nevada

Case Number:
14CR011277

Crime Charged:
RESIST PUBLIC OFFICER

Case Outcome: Misdemeanor

☐ Pled Guilty

☒ Found Guilty

☐ Pled no contest

☐ Pending

☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
10/03/2014 DISPOSED 10/06/2014

Penalty Imposed:
\$1140

Type of Conviction

☐ Category A or B Felony

☐ Gross Misdemeanor

☐ Other:

☐ Category C, D or E Felony

☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes

☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes

☐ No

Do you have any other criminal record items to disclose?

☒ Yes

☐ No

If yes, each item requires another copy of this form.

Explanation of Event

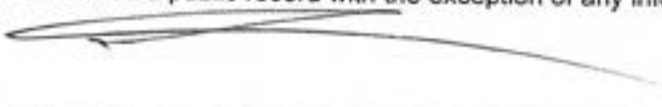
Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Fine paid in full Same case as Case Number 14CR011339

Criminal History Form

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

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Signature of Applicant
Sergio Martinez- Ramos

4/08/2024

Date_____
Print Name



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Criminal History Reporting Form

Information

This form is required in conjunction with license application forms if applicant has prior criminal history. Each event on this form should indicate a separate event in which charges were filed.

If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this criminal history form for each event.

Personal Information

Full Legal Name:
Sergio Manuel Martinez- Ramos

Event (Police report and or other legal documents related to the criminal charge must be attached if event was within previous 7 years)

Year charges were filed against you:
2014

Court Location:
Glendale, California

Case Number:
GLN4GN00087-02

Crime Charged:
RESIST, OBSTRUCT, DELAY OF PEACE OFFICER OR EMERGENCY MEDICAL TECHNICIAN,
DISORDERLY CONDUCT: DRUG WITH ALCOHOL

Case Outcome: Misdemeanor

☐ Pled Guilty

☒ Found Guilty

☐ Pled no contest

☐ Pending

☐ Dismissed

Date on which you pled guilty, found guilty, pled no contest, or charges were dismissed:
01/08/2014 DISPOSED 01/04/2019

Penalty Imposed:
\$150 years, 3 years probation

Type of Conviction

☐ Category A or B Felony

☐ Gross Misdemeanor

☐ Other:

☐ Category C, D or E Felony

☒ Misdemeanor

Have all penalties/sanctions imposed been satisfied?

☒ Yes

☐ No

Have you attached the police report and/or legal documents related to the criminal charge(s)?

☒ Yes

☐ No

Do you have any other criminal record items to disclose?

☒ Yes

☐ No

If yes, each item requires another copy of this form.

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.
Fine paid in full

Declaration

The undersigned hereby submits this criminal history form under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the items submitted, without fraud or misrepresentation; and with full knowledge that all statements made in this criminal history form may be subject to investigation, and may include a check for fingerprints, police records, law enforcement agencies and court records. The applicant understands that if any responses on this criminal history form are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied.

The undersigned agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this criminal history review, and understands that any information submitted, including this form, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

4/08/2024

Signature of Applicant
Sergio Martinez- Ramos

Date

Print Name



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FUNERAL AND CEMETERY SERVICES BOARD

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Continuing Education Approval Form

General Instructions (Note: Documents submitted with this application will not be returned.)

The following form must be used to approve any continuing education which is not automatically approved by the Board. Please note that many training are automatically approved and do not require any further approval by the Board.

- Courses which are approved by the Academy of Professional Funeral Service Practice (APFSP) *do not require additional approval by the Board.*
- Courses sponsored by National or State organizations or associations that administer training relating to the funeral industry *do not require additional approval by the Board.*
- Funeral Directors and Embalmers must provide proof to the Board of completion of twelve (12) hours of continuing education within the two (2) years immediately preceding the date of application for renewal or reactivation of the license.
- The Board will audit a percentage of licensees during each period of renewal by requiring those licensees to submit proof of completion of the required hours of continuing education.

Required Documents

- ☒ Completed and signed Continuing Education Approval Form.
- ☒ Brief bio or resume of each presenter.
- ☒ Agenda detailing dates/times and subject of each session.

Requester: ☐ Attendee ☐ CE Provider Contact

Name:

Jenna Dumas and Monica Myles

Mailing Address (all Board correspondence will be sent to this address):

2055 E Sahara Ave

City:

Las Vegas

State:

NV

Zip Code:

89104

Phone Number:

702-306-8651

E-mail Address:

jdumas@nvdonor.org

Continuing Education Provider:

Name:

Nevada Donor Network

Address:

2055 E Sahara Ave

City:

Las Vegas

State:

NV

Zip Code:

89104

Phone Number:

702-317-1106

E-mail Address:

ssavalli@nvdonor.org

STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD

Page 2 of 2

Continuing Education Approval Form

Title: Nevada Donor Network Funeral Home Symposium 2024		
Date(s) of Presentation: 6/26/24 and 6/27/24	Time(s): 8AM and 1PM	Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes) 4 hours
Location of Presentation: Viticus Center (Eastern Campus)/Walton's West 2nd Events Center		
City: Las Vegas/Reno	State: NV	Zip Code: 89119/89503
<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Classroom	<input type="checkbox"/> Computer-based Training
<input type="checkbox"/> Video	<input type="checkbox"/> Other (explain):	

Presenter(s): Please attach short bio for each presenter detailing experience.	
Name	Title
Amanda King	Embalmer and Funeral Director
Alexander Hamdan	Director of Donor Tissue Services - Origin Biologics
Chandi Amaratunga-Perera/Roxane Brincat-Gaske & Madi Aguiniga	Nevada Donor Network Donation Services & Family Services Teams

Outline of Course: Please provide a general outline of the course content.

Additional presenters: Jenna Dumas and Monica Myles will provide valuable information regarding changes to NDN processes, conduct a Q&A and introduce a connect to purpose speaker to share the impact donation has.

Nevada Donor Network would like to offer 4 CEUs to funeral home professionals at our annual Funeral Home Symposiums held in southern and northern Nevada. Amanda King's presentation will describe pre-arrangements and at-need discussions about a loved one as a donor, chemical selection for embalming and other non-embalming solutions. There will be several examples of basic

reconstructive and cosmetic application methods. Alexander Hamdan will describe the role Origin Biologics, a tissue processor, plays with Nevada Donor Network and funeral homes. He will describe how donor tissue can be processed and stored. The presentation will detail methods such as Osseogen, a revolutionary procedure to maintain specialty grafts. Chandi/Roxane and Madi will describe the role of the Nevada Donor Network Donation Services and Family Services departments in approaching families on donation. Funeral arrangers have requested more information on the services these specific Nevada Donor Network teams provide to our shared families.

Signature

Date

Jenna Dumas

Print Name

For Board Use Only:



Nevada Donor Network's 2024 Funeral Home Symposium
Nevada Donor Network
June 26th, 2024

Session 1:

07:30	Check in and breakfast
08:00	Welcome: Jenna Dumas
08:15	Amanda King: Restoring Honor – Restorative, Cosmetic & Funerary Considerations for Donor Cases
09:15	Nevada Donor Network Donation Services and Family Services Approach
10:15	Break
10:20	Alexander Hamdan: Origin Biologics and OsseoGEN
11:40	Connect to Purpose Speaker
12:00	Closing and Lunch



Nevada Donor Network's 2024 Funeral Home Symposium
Nevada Donor Network
June 26th, 2024

Session 2:

12:00	Check in and lunch
13:00	Welcome: Jenna Dumas
13:15	Connect to Purpose Speaker
13:30	Amanda King: Restoring Honor – Restorative, Cosmetic & Funerary Considerations for Donor Cases
14:45	Nevada Donor Network Donation Services and Family Services Approach
15:45	Break
15:55	Alexander Hamdan: Origin Biologics and OsseoGEN
17:00	Closing



Nevada Donor Network's 2024 Funeral Home Symposium
Nevada Donor Network
June 27th, 2024

Session 1:

07:30	Check in and breakfast
08:00	Welcome: Monica Myles
08:15	Amanda King: Restoring Honor – Restorative, Cosmetic & Funerary Considerations for Donor Cases
09:15	Nevada Donor Network Donation Services and Family Services Approach
10:15	Break
10:20	Alexander Hamdan: Origin Biologics and OsseoGEN
11:40	Connect to Purpose Speaker
12:00	Closing and Lunch



Nevada Donor Network's 2024 Funeral Home Symposium
Nevada Donor Network
June 27th, 2024

Session 2:

12:00	Check in and lunch
13:00	Welcome: Monica Myles
13:15	Connect to Purpose Speaker
13:30	Amanda King: Restoring Honor – Restorative, Cosmetic & Funerary Considerations for Donor Cases
14:45	Nevada Donor Network Donation Services and Family Services Approach
15:45	Break
15:55	Alexander Hamdan: Origin Biologics and OsseoGEN
17:00	Closing

Amanda King - Embalmer and Funeral Director

Biography

Amanda Marie Eilis King, CFSP & MBIT, is an Embalmer and Funeral Director holding licensure in multiple states in the US, as well as honorary membership to the Belgium Institute of Thanatopraxie. She completed her embalming apprenticeship under Vernie R. Fountain, as well as extensive training in postmortem reconstructive work. In addition to her AAS in Mortuary Science from ACC in Colorado, Amanda holds a B.S. from Skidmore College for Studio Art and Biology, and a Post-Baccalaureate degree from the Maryland Institute College of Art. She is also an educator who specializes in and teaches reconstructive work and cosmetic application. Her contributions in the field outside of the funeral home include articles, illustrations, and photography for trade journals. Currently she is a Funeral Director and Embalmer for Bailey Family Funeral Homes in CT, and also does freelance work as AMEK Graphics, as well as being an embalming specialist with Frigid Fluid Company.

Alexander Hamdan - Origin Biologics

Biography

Alexander Hamdam is the Director of Donor Tissue Services at Origin Biologics, a regenerative medicine company that processes allografts. He received his BS in Biology with a concentration in microbiology and immunology from the University of Nevada, Las Vegas (UNLV). He attended medical school but really had a passion for research, lab work and novel therapies. He received his MS in Medical Health Sciences from Touro Nevada. He has now been with Origin Biologics for a year and a half serving in donor tissue services and quality assurance.

Madi Aguiniga (Family Services) and Roxane Brincat-Ganske/Chandi Amaratunga-Perera (Donation Services) - Nevada Donor Network

Biography

The Nevada Donor Network Donation Services Team receives new organ, tissue and ocular referrals to determine donor eligibility. They approach the last known next of kin of a potential donor by telephone to discuss if their loved one may be eligible for donation. The Family Services Team has a similar role, but in a hospital setting, where they meet directly with families to discuss the potential of donation for their loved one.

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Attorney General
2 Matthew Feeley
Deputy Attorney General (Bar No. 13336)
3 Division of Boards and Open Government
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4 Las Vegas, Nevada 89101
Telephone: (702) 486-3120
5 Facsimile: (702) 486-3768
Email: mfeeley@ag.nv.gov
6 *Attorneys for the Nevada State*
7 *Board of Funeral & Cemetery Services*

8 BEFORE THE NEVADA STATE BOARD OF FUNERAL & CEMETERY SERVICES

9 STATE OF NEVADA

10 In the Matter of:

Case No. FB23-10

11 McDERMOTT'S FUNERAL AND
CREMATION SERVICE, a Funeral
12 Establishment, and CHRISTOPHER M.
GRANT, a Funeral Director,

**COMPLAINT
FOR DISCIPLINARY ACTION
AND
NOTICE OF HEARING**

13
14 Respondents.

15 The Executive Director of the Nevada State Board of Funeral & Cemetery Services ("Board
16 Staff"), by and through its counsel, Aaron D. Ford, Attorney General of the State of Nevada, and Matthew
17 Feeley, Deputy Attorney General, hereby complains for disciplinary action against McDERMOTT'S
18 FUNERAL AND CREMATION SERVICE ("McDERMOTT'S"), and CHRISTOPHER M. GRANT
19 ("GRANT"), (collectively as "RESPONDENTS"), as follows:

20 **JURISDICTION**

21 1. At all times relevant to the Complaint, McDERMOTT'S held a permit as a Funeral
22 Establishment issued by the Nevada State Board of Funeral & Cemetery Services ("Board").

23 2. At all times relevant to the Complaint, GRANT held a license as a Funeral Director issued
24 by the Board.

25 3. RESPONDENTS are therefore subject to the jurisdiction of the Board and Board Staff
26 and the provisions of NRS chapters 642, 451, and 452 and NAC chapters 642, 451, and 452.

27 4. Pursuant to NRS 642.5172 through NRS 642.524, NRS 642.130 and NRS 642.135, the
28 Board may take disciplinary action by way of this Complaint.

FACTUAL ALLEGATIONS

5. On or about July 10, 2023, Complainant James Berryhill ("Complainant") filed an informal complaint with the Board against McDERMOTT'S.

6. On or about August 21, 2023, Board Staff sent a Notice of Informal Complaint ("233B Letter") to GRANT, Manager and Managing Funeral Director of McDERMOTT'S.

7. On or about August 24, 2023, GRANT provided via email a written response to the Board's 233B letter (Response Letter).

8. On or about September 18, 2023, Board Investigator Dr. Wayne Fazzino ("Investigator") completed an Investigative Report concerning the Complainant's informal complaint.

9. Pursuant to the Complainant's informal complaint, Complainant's wife ("Decedent") died on or about May 24, 2023. The Clark County Medical Examiner's Office informed Complainant that Decedent's cause of death was suicide by intraoral gunshot to her head.

10. On or about May 30, 2023, Complainant made arrangements with McDERMOTT'S to cremate his wife, Decedent, through the Concierge Cremation package. On the Funeral Arrangement Agreement and Statement of Funeral Goods and Services Selected, there is a designation under Use of Equipment, Facilities, and Staff, for I.D. Viewing, Item B.4. On this line, in the price column, a price is listed, indicating that the I.D. Viewing was purchased and included in the Concierge Package. Complainant signed and dated this form on May 30, 2023.

11. Complainant filled out a McDERMOTT'S form titled Viewing and/or Dressing/Washing/Prepping Form. This form listed five services; however, only one service was selected, that being for I.D. Viewing. The I.D. Viewing was approved and initialed by Jorge Medrano, McDERMOTT'S Staff. The date and time of the viewing was set for "TBD." Both Complainant and Jorge Medrano signed the form dated May 30, 2023.

12. Complainant, knowing the condition of his wife and the trauma to her body, wanted the viewing in order to pray over her and have one last visit with her.

13. On or about June 16, 2023, Complainant called McDERMOTT'S to check on the status of the visitation and when he could do the I.D. Viewing. He was told via a text message that his wife had already been cremated.

1 14. GRANT, in his Response Letter, stated that an I.D. Viewing would not be feasible, and
2 "he (Complainant) would have been notified the same day of that." GRANT did not state that he
3 personally notified Complainant of such. Complainant denies ever being told an I.D. Viewing was not
4 feasible.

5 **ALLEGED VIOLATIONS AND AUTHORIZED DISCIPLINE**

6 RESPONDENTS committed the following violations of law:

7 15. RESPONDENTS violated NRS 642.5175(2) pursuant to NRS 642.5174(1) when they
8 engaged in unprofessional conduct by misrepresenting to Complainant that he would be able to view his
9 wife's body before her cremation, and then failing to let him do so.

10 NRS 642.5175 Grounds. **The following acts are grounds for which**
11 **the Board may take disciplinary action** against any person who holds a
12 license, permit or certificate issued by the Board pursuant to this chapter or
chapter 451 or 452 of NRS, or may refuse to issue such a license, permit or
certificate to an applicant therefor:

13 ...

14 **2. Unprofessional conduct.**

15 NRS 642.5174 **"Unprofessional conduct" defined.** For the purposes
of NRS 642.5175, unprofessional conduct includes:

16 1. **Misrepresentation or fraud in the operation of a funeral**
17 **establishment, direct cremation facility, cemetery or crematory, or the**
practice of a funeral director or funeral arranger.

18 16. RESPONDENTS violated NRS 642.5175(2) pursuant to NRS 642.5174(18) when they
19 engaged in an unethical practice by allowing Complainant to contract for an I.D. Viewing, setting the
20 time and place for the I.D. Viewing as "TBD", and then without contacting Complainant, or allowing
21 him to view his wife, or at least informing him that a viewing would not be possible, they simply cremated
22 his wife.

23 NRS 642.5175 Grounds. **The following acts are grounds for which**
24 **the Board may take disciplinary action** against any person who holds a
25 license, permit or certificate issued by the Board pursuant to this chapter or
chapter 451 or 452 of NRS, or may refuse to issue such a license, permit or
certificate to an applicant therefor:

26 ...

27 **2. Unprofessional conduct.**

28 NRS 642.5174 **"Unprofessional conduct" defined.** For the purposes
of NRS 642.5175, unprofessional conduct includes:

1 **18. Unethical practices contrary to the public interest as determined**
2 **by the Board.**

3 17. GRANT, as Managing Funeral Director for McDERMOTT's, was at all times relevant to
4 this Complaint, responsible for the proper management of McDERMOTT'S pursuant to NRS 642.345(3),
5 which states:

6 NRS 642.345 Funeral directors: Management of funeral establishment or
7 direct cremation facility prohibited without approval of Board;
8 responsibilities.

9 ...
10 3. A funeral director is responsible for the proper management of each
11 funeral establishment or direct cremation facility of which the funeral
12 director is the manager.

13 18. NRS 642.5176 sets out the authorized discipline as such:

14 NRS 642.5176 Authorized disciplinary action; private reprimands
15 prohibited; orders imposing discipline deemed public records.

16 1. If the Board determines that a person who holds a license, permit or
17 certificate issued by the Board pursuant to this chapter or chapter 451 or
18 452 of NRS has committed any of the acts set forth in NRS 642.5175, the
19 Board may:

- 20 (a) Refuse to renew the license, permit or certificate;
21 (b) Revoke the license, permit or certificate;
22 (c) Suspend the license, permit or certificate for a definite period or
23 until further order of the Board;
24 (d) Impose a fine of not more than \$5,000 for each act that constitutes
25 a ground for disciplinary action;
26 (e) Place the person on probation for a definite period subject to any
27 reasonable conditions imposed by the Board;
28 (f) Administer a public reprimand; or
29 (g) Impose any combination of disciplinary actions set forth in
30 paragraphs (a) to (f), inclusive.

31 2. The Board shall not administer a private reprimand.

32 3. An order that imposes discipline and the findings of fact and
33 conclusions of law supporting that order are public records.

34 **RELIEF SOUGHT**

35 19. Based upon the allegations contained herein, the Executive Director prays for relief as
36 follows:

- 37 a. That the Board take action against RESPONDENTS as they deem appropriate
38 pursuant to NRS 642.5176.

1 b. That RESPONDENTS pay the applicable costs of the proceeding, including
2 investigative costs, attorney's fees, etc.

3 c. For such other and further relief as the Board may deem just and proper.

4 **NOTICE OF HEARING**

5 A meeting of the Nevada State Board of Funeral & Cemetery Services ("the Board") has been
6 scheduled for May 15, 2024, at 9:00 a.m. Pacific Time, at 3740 Lakeside Drive, Suite 201, Reno, Nevada

7 Additionally, the meeting will take place via videoconference at:

8 Zoom Video Conference

9 Zoom Meetings

at <https://zoom.us/>

10 Meeting ID: 253 977 5871

Passcode: 668556

11 Pursuant to the Board's legal authority and jurisdiction under NRS 642.135, NRS 642.5176 and
12 NRS 642.570, the above-referenced matter, to wit: Disciplinary Complaint against MCDERMOTT'S
13 FUNERAL AND CREMATION SERVICE and CHRISTOPHER M. GRANT is included as an action
14 item on the Board's agenda for May 15, 2024 and the Board will take action pursuant to proof and
15 pertinent laws.

16 RESPONDENTS are entitled to representation by counsel at the hearing. RESPONDENTS have
17 the opportunity to respond and present evidence and argument on the issue of their Disciplinary
18 Complaint. If RESPONDENTS fail to appear at the hearing, the BOARD may reach a decision in their
19 absence.

20 **NOTICE OF DISCIPLINARY COMPLAINT AND OBLIGATION TO ANSWER**

21 **COMPLAINT**

22 Pursuant to NAC 642.180, Respondents shall file an answer with the Board not later than fifteen
23 (15) days after the date on which the respondent received the notice of hearing and the formal complaint.
24 Failure to file an answer will be deemed an admission of all matters and facts contained in the Complaint.

25 ...

26 ...

27 ...

28 ...

1 Please see NAC 642.180 through NAC 642.260 for information regarding disciplinary
2 proceedings before the Board.

3 DATED this 25th day of April, 2024.
4
5

6 AARON D. FORD
7 Attorney General

8 By: / s /Matthew Feeley

9 MATTHEW FEELEY (Bar. No. 13336)
10 Deputy Attorney General
11 555 E. Washington Avenue, Suite 3900
12 Las Vegas, Nevada 89101
13 (702) 486-3120
14 *Attorneys for the Nevada State*
15 *Board of Funeral & Cemetery Services*
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CERTIFICATE OF SERVICE

I hereby certify that on the 26th day of April, 2024, I served the **COMPLAINT FOR DISCIPLINARY ACTION AND NOTICE OF HEARING** by depositing a copy of the same in the United States mail, properly addressed, postage prepaid, **CERTIFIED** and **REGULAR MAIL** addressed as follows:

McDermott's Funeral and Cremation Service
Christopher M. Grant
2121 Western Avenue, Suite 3A
Las Vegas, NV 89102

Certified Mail No. 7021 1970 0001 7411 4847



An Employee of the Nevada State Board of Funeral & Cemetery Services

Nevada Funeral and Cemetery Services Board
Proposed Line Item Budget
FY25 (July 1, 2024, to June 30, 2025)

Revenue		
Licensing and Service Fees		
Administrative Fee (Reissue or Addl Lic)	1,000	
Approval of Managing Funeral Director	4,300	
Examinations Requests	4,000	
Initial Licensing Application	28,000	
Study Guide	100	
Total Licensing and Service Fees		37,400
Renewal Fees		
Cemetery Renewals	1,900	
Crematory Renewals	4,000	
Embalmer Renewals	8,150	
Establishment Permit Renewals	6,500	
Funeral Arranger Renewals	13,000	
Funeral Director Renewals	14,300	
Total Renewal Fees		47,850
Regulatory Fees		287,500
Other Revenue		
Administrative Fines		0
Legal and Miscellaneous Fees		500
Interest Income		140
Total Revenue		373,390

Expenses		
Payroll Expenses		
Executive Director Salary	110,000	
Administrative Asst. Wages	49,900	
Inspector/Investigator Wages	34,300	
Health Insurance	23,000	
Employer Taxes	15,622	
Retirement	28,159	
Total Payroll Expenses		260,981
Contractual Services		
Bookkeeping	9,600	
The Conference Dues and Test Development	250	
Total Contractual Services		9,850

Other Expenses		
Administrative Fines		0
Attorney General - Legal Fees		15,000
Auditor Fees		0
Background Checks		1,100
Bank fees		5,401
Board Member Compensation		4,200
Conference/Training Registration		1,500
Equipment and Furnishings		1,559
Insurance		4,100
Licensing Database Software		0
Meeting Expenses		2,430
Office Lease		20,632
Office Supplies		5,000
Postage		2,250
Printing and Copying		3,500
Repair and Maintenance		600
Technical Support Web Site		1,850
Telephone/Internet		3,600
Travel		12,500
Utilities		5,250
Total Expenses		361,303

Total Anticipated Revenue	373,390
Total Proposed Expenses	361,303
Difference	12,087



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201 Reno, NV 89509
Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

Proposed Cost-of-Living (COLA) and Retention Bonus

Proposed COLA: 3.5%

The Board may approve a cost-of-living adjustment (COLA) to base salaries. The proposed COLA of 3.5% is based on the Consumer Price Index for All Urban Consumers as of March 2024 (based on 12-month period), which increased by 3.5%.

Anticipated expense: \$8,329

Proposed Retention Bonus

Proposed quarterly retention bonus of \$250 for each employee who remains employed by the Board on September 30, 2024, December 31, 2024, March 31, 2025, and June 15, 2025. (Consistent with provisions of AB522). This bonus is not an increase to base salaries.

Anticipated expense \$3,000

State of Nevada General Cemetery Services

Balance Sheet

As of April 30, 2024

	TOTAL p
ASSETS	
Current Assets	
Bank Accounts	
Checking State of NV Funeral Brd p	403,702.30
Total Bank Accounts	\$403,702.30
Accounts Receivable	
Accounts Receivable	3,160.00
Total Accounts Receivable	\$3,160.00
Other Current Assets	
Payroll Refunds	0.00
Prepaid expenses p	4,341.88
Undeposited Funds p	0.00
Total Other Current Assets	\$4,341.88
Total Current Assets	\$411,204.18
Fixed Assets	
Accumulated Depreciation p	-1,381.25
Machinery & Equipment	5,842.96
Total Fixed Assets	\$4,461.71
Other Assets	
Accum Depr - Right of Use Asset p	-27,648.00
Right of Use Asset	58,547.00
Security Deposits	1,500.00 p
Total Other Assets	\$32,399.00
TOTAL ASSETS	\$448,064.89

State of Nevada General Cemetery Services

Balance Sheet

As of April 30, 2024

	TOTAL p
LIABILITIES AND EQUITY p	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
Total Accounts Payable	\$0.00
Other Current Liabilities p	
Accrued Expenses	0.00
Deferred Revenue	94,593.74
Direct Deposit Payable	0.00
Lease Liability - Current p	0.00 p
Payroll Liabilities	0.00
Accrued Compensation	0.00
Deferred Compensation	0.00
Federal Taxes (941/944)	0.00
Federal Unemployment (940)	0.00
NV UI Bond Obligation Assessment p	0.00
NV Unemployment Tax p	0.00
PEBP Adjust	0.00
PEBP Medical	2,387.89
Vacation Liability p	15,495.39p
Total Payroll Liabilities	17,883.28
Total Other Current Liabilities	\$112,477.02
Total Current Liabilities	\$112,477.02
Long-Term Liabilities	
Lease Liability - Non Current p	32,014.00
Total Long-Term Liabilities	\$32,014.00
Total Liabilities	\$144,491.02
Equity	
Fund Balance p	294,689.46
Net Income	8,884.41 p
Total Equity	\$303,573.87
TOTAL LIABILITIES AND EQUITY	\$448,064.89

State of Nevada General Cemetery Services

Budget vs. Actuals

July 2023 - April 2024

	TOTAL			
	ACTUAL c	BUDGET	OVER BUDGET c	% OF BUDGET
Income				
Administrative Fee (Reissue or Add'l Li) c	2,050.00	375.00	1,675.00	546.67 %
Administrative Fine	1,000.00		1,000.00	
Approval of Managing Funeral Director	4,950.00	2,475.00	2,475.00	200.00 %
Cemetery Renewals	1,300.02	1,900.00 c	-599.98	68.42 %
Crematory Renewals	3,433.31	4,000.00	-566.69	85.83 %
Embalmer Renewals	6,966.65 c	8,900.00	-1,933.35 c	78.28 %
Establishment Permit Renewals c	5,462.50	6,500.00	-1,037.50	84.04 %
Examinations	3,350.00 c	4,000.00	-650.00 c	83.75 %
Funeral Arranger Renewals c	11,212.52 c	18,900.00 c	-7,687.48 c	59.33 %
Funeral Director Renewals c	12,266.67 c	16,300.00	-4,033.33 c	75.26 %
Initial Licensing	28,802.09 c	24,000.00	4,802.09 c	120.01 %
Interest Income c	122.80	33.00	89.80	372.12 %
Legal and Miscellaneous Fees c	425.00	5,000.00	-4,575.00	8.50 %
NV Regulatory Fee c	208,760.00 c	280,000.00 c	-71,240.00 c	74.56 %
Reinstatement of License c	600.00		600.00	
Study Guide c	25.00 c	100.00 c	-75.00 c	25.00 %
Total Income	\$290,726.56	\$372,483.00	\$-81,756.44	78.05 %
GROSS PROFIT	\$290,726.56	\$372,483.00	\$-81,756.44	78.05 %
Expenses				
Administrative Fines c	2,000.00		2,000.00	
Attorney General - Legal Fees c	4,703.40	20,000.00	-15,296.60	23.52 %
Auditing	11,000.00	11,000.00	0.00	100.00 %
Background Checks	937.65	1,800.00	-862.35	52.09 %
Bank fees	4,616.93 c	2,800.00 c	1,816.93 c	164.89 %
Board Member Compensation	3,150.00	4,200.00	-1,050.00	75.00 %
Conference/Training Registration c	425.00	4,200.00	-3,775.00	10.12 %
Contractual services				
Bookkeeping	8,705.00	8,400.00	305.00	103.63 %
Dues and Tests	250.00	250.00 c	0.00 c	100.00 %
Total Contractual services	8,955.00	8,650.00	305.00	103.53 %
Dues / Memberships c	260.00 c		260.00	
Equipment and Furnishings c		2,000.00	-2,000.00	
Insurance	3,531.67 c	1,800.00 c	1,731.67 c	196.20 %
Interest Expense c	48.10		48.10	
Meeting Expenses c	749.60	3,350.00	-2,600.40	22.38 %
Office Lease	16,952.00 c	20,220.00	-3,268.00 c	83.84 %
Office Supplies	3,465.02	8,500.00	-5,034.98	40.76 %
Payroll Expenses c				
Administrative Wages c	15,760.00	62,119.00	-46,359.00	25.37 %
Employer Taxes	14,294.13 c	15,622.00 c	-1,327.87 c	91.50 %
Executive Director Salary c	98,668.14 c	137,288.00	-38,619.86 c	71.87 %
Health Insurance c	16,990.42	23,000.00	-6,009.58 c	73.87 %

State of Nebraska General Cemetery Services

Budget vs. Actuals

July 2023 - April 2024

	TOTAL			
	ACTUAL c	BUDGET	OVER BUDGET	% OF BUDGET
Inspector/Investigation Wages c	29,313.04	32,936.00	-3,622.96	89.00 %
Retirement c	20,842.45 c	31,109.00 c	-10,266.55 c	67.00 % c
Vacation Expense	4,112.91		4,112.91	
Total Payroll Expenses	199,981.09	302,074.00	-102,092.91	66.20 %
Postage	1,136.62	2,450.00 c	-1,313.38	46.39 %
Printing and Copying	2,546.80	5,000.00	-2,453.20	50.94 %
Repair and Maintenance c	309.48 c	700.00	-390.52 c	44.21 %
Technical Support Web Site c	671.51 c	2,200.00	-1,528.49 c	30.52 %
Telephone/Internet c	2,603.52	4,523.00	-1,919.48	57.56 %
Travel	9,342.87 c	28,100.00 c	-18,757.13 c	33.25 %
Utilities	4,455.89 c	4,500.00 c	-44.11 c	99.02 % c
Total Expenses	\$281,842.15	\$438,067.00	\$ -156,224.85	64.34 %
NET OPERATING INCOME c	\$8,884.41	\$ -65,584.00	\$74,468.41	-13.55 %
NET INCOME	\$8,884.41	\$ -65,584.00	\$74,468.41	-13.55 %

State of Nevada Funeral and Cemetery Services
Regulatory Fees FY24
July 2023 - March 2024

	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
102L Green Farewells				10.00	60.00	110.00	110.00	50.00	130.00	470.00
104 Serenity Funeral Home	230.00	200.00	150.00	180.00	180.00	210.00	260.00	230.00	170.00	1,810.00
108 Truckee Meadows Cremation & Burial Svcs	670.00	890.00	640.00	670.00	650.00	540.00	450.00	760.00	670.00	5,940.00
109 Las Vegas Islamic Cemetery	40.00	40.00	40.00	30.00	10.00	10.00	50.00	30.00	50.00	300.00
10 Bunker's Eden Vale Mortuary	260.00	390.00	410.00	380.00	340.00	330.00	430.00	320.00	390.00	3,250.00
110 McDermott Funeral Home	680.00	620.00	580.00	530.00	710.00	720.00	210.00	760.00	910.00	5,720.00
111 Funeraria Casa De Paz	200.00	120.00	220.00	160.00	150.00	180.00	140.00	140.00	270.00	1,580.00
112 Giddens Memorial Chapel	190.00	260.00	240.00	0.00	0.00	0.00				690.00
113 Nevada Funeral Service	170.00	90.00	90.00	60.00	70.00	80.00	40.00	90.00	70.00	760.00
114 Eastside Memorial Park	140.00	100.00	80.00	150.00	70.00	90.00	190.00	110.00	80.00	1,010.00
115 Mountain Vista Chapel	70.00	40.00	80.00	120.00	40.00	50.00	120.00	80.00	60.00	660.00
116 Sonoma Funeral Home	60.00	50.00	90.00	120.00	90.00	100.00	170.00	160.00	120.00	960.00
127 Truckee Meadows Cremation - Sparks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
129 Andres Family Mortuary & Crematory	130.00	150.00	160.00	140.00	150.00	50.00	50.00	130.00		960.00
134 La Eternidad Funeral	70.00	130.00	140.00	130.00	160.00	190.00	180.00	270.00	230.00	1,500.00
138 Care Cremation	290.00	380.00	360.00	360.00	470.00	690.00	730.00	590.00	680.00	4,550.00
139 Giddens Memorial Chapel				270.00	300.00	220.00	420.00	360.00	310.00	1,880.00
140 Beverly's Memorial Chapel						0.00	0.00	0.00	10.00	10.00
141 Camino AL Cielo Funeral Chapel							0.00	40.00	70.00	110.00
15 Southern Nevada Mortuary	40.00	50.00	30.00	20.00	50.00	80.00	90.00	40.00	60.00	460.00
18 Gunter's Hawthorne Funeral Home	130.00	80.00	30.00	70.00	70.00	50.00	130.00	0.00		560.00
30 Bunker's Memory Garden				0.00						0.00
3 Mountain View Mortuary	400.00	410.00	340.00	320.00	340.00	300.00	440.00	420.00	480.00	3,450.00
56 Pahrump Family Mortuary Group	220.00	250.00	240.00	180.00	180.00	300.00	240.00	260.00	280.00	2,150.00
5 Smith Family Funeral Home	300.00	280.00	300.00	240.00	270.00	280.00	390.00	220.00	250.00	2,530.00
60 The Gardens	30.00	180.00	40.00	170.00	110.00	130.00	80.00	180.00	160.00	1,080.00
7 Burns Funeral Home, Inc.	260.00	250.00	320.00	240.00	400.00	300.00	280.00	240.00	320.00	2,610.00
85 Heritage Mortuary	70.00	140.00	150.00	160.00	150.00	210.00	210.00	220.00	210.00	1,520.00
8 Freitas Ruprecht Funeral Home	40.00	110.00	140.00	130.00	110.00	60.00	90.00	80.00	70.00	830.00
92 Smart Cremation	40.00	140.00	170.00	50.00	60.00	30.00	110.00	70.00	60.00	730.00
Anthem										

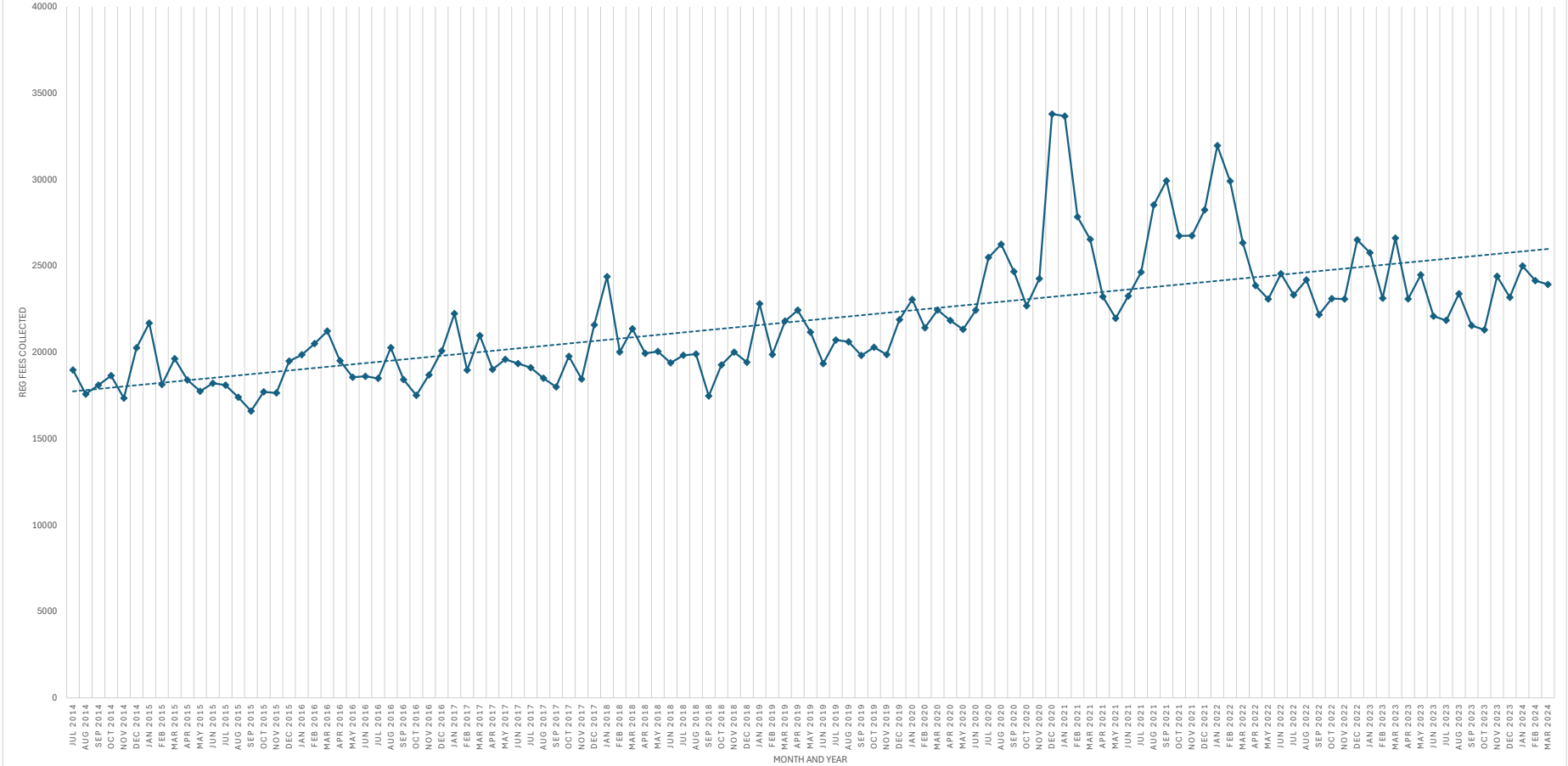
101L Sunrise Cremation	360.00	550.00	560.00	310.00	450.00	250.00	200.00	360.00	410.00	3,450.00
133 Desert Memorial	480.00	660.00	410.00	540.00	290.00	230.00	360.00	340.00	400.00	3,710.00
Total Anthem	\$ 840.00	\$ 1,210.00	\$ 970.00	\$ 850.00	\$ 740.00	\$ 480.00	\$ 560.00	\$ 700.00	\$ 810.00	7,160.00
FPG Nevada										
100L Tulip Cremation	10.00	50.00	30.00	0.00	0.00	20.00	10.00	20.00	20.00	160.00
130 Kraft-Sussman Funeral Services	200.00	90.00	170.00	160.00	230.00	240.00	170.00	140.00	260.00	1,660.00
98L Vegas Valley Cremation McLeod	260.00	240.00	410.00	190.00	210.00	310.00	250.00	300.00	340.00	2,510.00
Total FPG Nevada	\$ 470.00	\$ 380.00	\$ 610.00	\$ 350.00	\$ 440.00	\$ 570.00	\$ 430.00	\$ 460.00	\$ 620.00	4,330.00
Inspired Life Holdings										
128 Inspired Life Memorials & Cremations	330.00	200.00	310.00	270.00	210.00	280.00	280.00	280.00	230.00	2,390.00
93L Inspired Life Cremations	0.00	0.00	0.00	0.00	0.00	0.00	10.00	20.00	0.00	30.00
99 Inspired Life Cremations	10.00	40.00	30.00	30.00	30.00	30.00	40.00	70.00	20.00	300.00
Total Inspired Life Holdings	\$ 340.00	\$ 240.00	\$ 340.00	\$ 300.00	\$ 240.00	\$ 310.00	\$ 330.00	\$ 370.00	\$ 250.00	2,720.00
Integrity Funeral Service										
117 Walton's Funerals and Cremations - Church	90.00	40.00	90.00	100.00	100.00	140.00	100.00	30.00	120.00	810.00
118 Walton's Chapel of the Valley	210.00	250.00	270.00	240.00	410.00	250.00	180.00	210.00	410.00	2,430.00
119 O'Brien Rogers & Crosby Funeral Home	80.00	80.00	50.00	60.00	60.00	80.00	120.00	100.00	60.00	690.00
120 Ross, Burke & Knobel Mortuary - Reno	250.00	260.00	200.00	250.00	200.00	300.00	270.00	330.00	250.00	2,310.00
121 Walton's Sierra Chapel	430.00	540.00	450.00	390.00	860.00	450.00	540.00	310.00	590.00	4,560.00
122 Walton's Sparks Funeral Home	140.00	220.00	160.00	90.00	80.00	160.00	200.00	100.00	80.00	1,230.00
123 Cremation Society of Nevada - Affinity	100.00	160.00	150.00	160.00	160.00	160.00	210.00	150.00	170.00	1,420.00
124 Cremation Society of Nevada - Capitol City	240.00	300.00	200.00	250.00	310.00	190.00	240.00	260.00	290.00	2,280.00
125 John Sparks Memorial Cremation	100.00	150.00	120.00	140.00	180.00	140.00	150.00	200.00	160.00	1,340.00
126 Cremation Society of Nevada - Northern Nevada	40.00	50.00	80.00	10.00	40.00	20.00	60.00	70.00	100.00	470.00
136 Autumn Funerals & Cremation	180.00	210.00	250.00	200.00	210.00	250.00	310.00	140.00	190.00	1,940.00
Total Integrity Funeral Service	\$ 1,860.00	\$ 2,260.00	\$ 2,020.00	\$ 1,890.00	\$ 2,610.00	\$ 2,140.00	\$ 2,380.00	\$ 1,900.00	\$ 2,420.00	19,480.00
La Paloma Funeral Services										
131 La Paloma - West	260.00	220.00	160.00	320.00	330.00	320.00	350.00	290.00	360.00	2,610.00
79 La Paloma - Stephanie	800.00	620.00	530.00	550.00	750.00	830.00	780.00	680.00	530.00	6,070.00
88 La Paloma - Longley	180.00	210.00	230.00	310.00	270.00	140.00	360.00	280.00	240.00	2,220.00
Total La Paloma Funeral Services	\$ 1,240.00	\$ 1,050.00	\$ 920.00	\$ 1,180.00	\$ 1,350.00	\$ 1,290.00	\$ 1,490.00	\$ 1,250.00	\$ 1,130.00	10,900.00
Legacy Funeral Holdings, Inc.										
Davis Funeral Home & Memorial Park										
103 Las Vegas Cremations	190.00	430.00	270.00	250.00	590.00	360.00	510.00	400.00	430.00	3,430.00
132 Las Vegas Cremations	240.00	350.00	280.00	240.00	460.00	300.00	480.00	370.00	320.00	3,040.00
26 Davis South Eastern Avenue	1,570.00	1,560.00	1,200.00	1,500.00	1,400.00	1,270.00	1,240.00	1,120.00	1,020.00	11,880.00

	280.00	210.00	230.00	240.00	440.00	200.00	150.00	120.00	190.00	2,060.00
28 Davis South Rainbow Rd	\$ 2,280.00	\$ 2,550.00	\$ 1,980.00	\$ 2,230.00	\$ 2,890.00	\$ 2,130.00	\$ 2,380.00	\$ 2,010.00	\$ 1,960.00	20,410.00
Total Davis Funeral Home & Memorial Park										
Total Legacy Funeral Holdings, Inc.	\$ 2,280.00	\$ 2,550.00	\$ 1,980.00	\$ 2,230.00	\$ 2,890.00	\$ 2,130.00	\$ 2,380.00	\$ 2,010.00	\$ 1,960.00	20,410.00
SCI										
Alderwoods (Nevada) Inc.										0.00
	220.00	200.00	130.00	160.00	250.00	240.00	160.00	160.00	250.00	1,770.00
38 Thomas and Jones Affordable Funeral Home	\$ 220.00	\$ 200.00	\$ 130.00	\$ 160.00	\$ 250.00	\$ 240.00	\$ 160.00	\$ 160.00	\$ 250.00	1,770.00
Total Alderwoods (Nevada) Inc.							160.00			
Keystone America										
	150.00	120.00	140.00	110.00	170.00	260.00	160.00	250.00	200.00	1,560.00
36 FitzHenry's - Fairview	50.00	130.00	130.00	90.00	100.00	110.00	100.00	130.00	50.00	890.00
58 FitzHenry's - Highway 395	\$ 200.00	\$ 250.00	\$ 270.00	\$ 200.00	\$ 270.00	\$ 370.00	\$ 260.00	\$ 380.00	\$ 250.00	2,450.00
Total Keystone America										
Neptune Management Corp.										
	800.00	840.00	810.00	940.00	990.00	1,000.00	990.00	830.00	860.00	8,060.00
64L Neptune Society - Las Vegas	460.00	740.00	500.00	390.00	620.00	510.00	750.00	680.00	470.00	5,120.00
81L Neptune Society - Reno	90.00	120.00	100.00	100.00	190.00	130.00	200.00	210.00	100.00	1,240.00
87L National Cremation Society	\$ 1,350.00	\$ 1,700.00	\$ 1,410.00	\$ 1,430.00	\$ 1,800.00	\$ 1,640.00	\$ 1,940.00	\$ 1,720.00	\$ 1,430.00	14,420.00
Total Neptune Management Corp.										
Palm Mortuaries										
	280.00	270.00	240.00	270.00	300.00	280.00	350.00	330.00	280.00	2,600.00
105 Palm - Southwest	530.00	610.00	690.00	560.00	640.00	730.00	660.00	760.00	870.00	6,050.00
17 Palm - Downtown (N Main)	420.00	390.00	400.00	290.00	430.00	420.00	550.00	560.00	420.00	3,880.00
19 Palm - Boulder Hwy	1,080.00	980.00	960.00	1,100.00	990.00	1,140.00	1,280.00	1,280.00	1,120.00	9,930.00
27 Palm - Eastern	370.00	270.00	300.00	250.00	260.00	280.00	370.00	260.00	270.00	2,630.00
37 Palm - South Jones	370.00	240.00	280.00	290.00	280.00	480.00	400.00	350.00	380.00	3,070.00
54 Palm - Cheyenne	1,030.00	1,160.00	1,130.00	970.00	1,190.00	1,090.00	1,060.00	1,120.00	1,150.00	9,900.00
55 Affordable Cremation - Decatur	80.00	170.00	110.00	190.00	260.00	160.00	170.00	160.00	180.00	1,480.00
69 King David Memorial Chapel	560.00	520.00	530.00	610.00	450.00	660.00	620.00	590.00	660.00	5,200.00
80 Palm - Northwest	\$ 4,720.00	\$ 4,610.00	\$ 4,640.00	\$ 4,530.00	\$ 4,800.00	\$ 5,240.00	\$ 5,460.00	\$ 5,410.00	\$ 5,330.00	44,740.00
Total Palm Mortuaries										
Total SCI	\$ 6,490.00	\$ 6,760.00	\$ 6,450.00	\$ 6,320.00	\$ 7,120.00	\$ 7,490.00	\$ 7,820.00	\$ 7,670.00	\$ 7,260.00	63,380.00
Simple Cremation, Inc. -										
103L Simple Cremation Central									0.00	0.00
53L Simple Cremation, Inc. - NW (Rancho)	510.00	580.00	430.00	430.00	540.00	420.00	540.00	600.00	490.00	4,540.00
77L Simple Cremation, Inc. - Reno (Kietzke)	380.00	340.00	340.00	320.00	410.00	240.00	280.00	400.00	340.00	3,050.00
85L Simple Cremation, Inc. - SW (Durango)	510.00	440.00	440.00	480.00	480.00	410.00	600.00	530.00	440.00	4,330.00
86L Simple Cremation Inc. Henderson (Lake Mead)	510.00	470.00	440.00	350.00	510.00	550.00	600.00	430.00	440.00	4,300.00
89L Simple Cremation Inc. - Sparks (Rock)	380.00	310.00	260.00	300.00	400.00	370.00	340.00	400.00	400.00	3,160.00
90L Simple Cremation - East (Sahara)	600.00	740.00	560.00	520.00	650.00	700.00	850.00	760.00	560.00	5,940.00

Total Simple Cremation, Inc. -	\$ 2,890.00	\$ 2,880.00	\$ 2,470.00	\$ 2,400.00	\$ 2,990.00	\$ 2,690.00	\$ 3,210.00	\$ 3,120.00	\$ 2,670.00	25,320.00
Smith E LLC										
135 Star Mortuary	180.00	140.00	0.00	290.00	290.00	250.00	280.00	240.00	210.00	1,880.00
137 Star Mortuary	200.00	280.00	180.00	270.00	220.00	170.00	240.00	250.00	200.00	2,010.00
89 Star Mortuary (Funeral Smith)	40.00	30.00	330.00	20.00	70.00	40.00	90.00	100.00	40.00	760.00
Total Smith E LLC	\$ 420.00	\$ 450.00	\$ 510.00	\$ 580.00	\$ 580.00	\$ 460.00	\$ 610.00	\$ 590.00	\$ 450.00	4,650.00
Southern Nevada Funeral Services, LLC										
2 Lee Funeral Home	190.00	210.00	130.00	220.00	170.00	220.00	110.00	180.00	170.00	1,600.00
Total Southern Nevada Funeral Services, LLC	\$ 190.00	\$ 210.00	\$ 130.00	\$ 220.00	\$ 170.00	\$ 220.00	\$ 110.00	\$ 180.00	\$ 170.00	1,600.00
The Funeral Directors Management Group										
49 Moapa Valley & Virgin Valley Mortuaries	100.00	50.00	110.00	90.00	80.00	90.00	70.00	50.00	80.00	720.00
Total The Funeral Directors Management Group	\$ 100.00	\$ 50.00	\$ 110.00	\$ 90.00	\$ 80.00	\$ 90.00	\$ 70.00	\$ 50.00	\$ 80.00	720.00
TOTAL	\$ 21,850.00	\$ 23,390.00	\$ 21,550.00	\$ 21,300.00	\$ 24,400.00	\$ 23,180.00	\$ 25,000.00	\$ 24,150.00	\$ 23,930.00	208,750.00

Tuesday, May 07, 2024 09:05:44 AM GMT-7 - Accrual Basis

REGULATORY FEES FY2014 THROUGH MARCH 2024





State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201 Reno, NV 89509
Phone (775) 825-5535 * Email: nvfuneralboard@fb.nv.gov

Executive Director Report – May 7, 2024

Licensing

Since the last meeting, the Board received 24 applications for the following licenses: 11 funeral arrangers, 2 funeral directors, 2 embalmers, 1 apprentice embalmer, 2 reinstatements of licenses, 3 funeral establishments, 2 crematories, and 1 cemetery.

During this period, I approved the following individual licenses:

Funeral Arrangers

FA334 Tolli, Hannah
FA335 Curtis, Michelle
FA336 Warren, Sophia
FA337 Ramirez, Samantha
FA338 Buck, Heather
FA339 Abendanio, Lovella
FA340 Gatmaytan, Justin
FA341 Gossman, Scott
FA342 Miller, Summer
FA343 Daniel, Lacey
FA344 Farner, Margarita

As of the date of this report, the numbers of active licensees are as follows:

Individuals

Funeral Arrangers	162
Funeral Directors	163
Embalmers	82
Apprentice Embalmers	6
Total	413

Facilities

Funeral Establishments	66
Direct Cremation Facilities	18
Crematories	25
Cemeteries	18
Total	127

Inspections

Dr. Fazzino has conducted 39 inspections since January 1, including 6 initial facility inspections. A common area of noncompliance is with respect to the required disclosures on the General Price List (GPL). Federal law requires that the disclosures be identical to the disclosures in the Funeral Rule.

Complaints and Inquiries

Since the last meeting, the office has opened 7 complaint files. The number of complaints is consistent with the 2023 filings for this point in the year.

Required Reports

- Report of Occupational Licensing Boards was uploaded to the Legislative Counsel Bureau on April 18, 2024. Pursuant to NRS 622.100, this Board is required to report licensing totals, disciplinary actions, license denials, and license disqualifications based on criminal history. The report is available at: [Nevada Legislative Counsel Bureau Reports of Occupational Licensing Boards \(state.nv.us\)](https://legislativecounsel.nv.gov/reports/occupational-licensing-boards)
- US Census Bureau Survey of Public Employment & Payroll was submitted in April 2024.

Conferences/Meetings/Education

- The International Conference Annual Meeting: Kim Kandaras, Raymond Giddens, and I attended the meeting February 28 – 29, 2024. On February 27, I attended the Board Training and the Administrators' meeting.
- Completed the Council on Licensure, Enforcement and Regulation's (CLEAR) National Certified Investigator and Inspector Basic Training in March (online).
- On March 29, 2024, I met with Connor Reid, a third-year law student at Wake Forest Law School, and Barbara Kemis of the Cremation Association of North America (CANA) to discuss legalization and regulation of new forms of disposition, specifically natural organic reduction and alkaline hydrolysis.
- On February 23, 2024, I met with representatives of the Division of Insurance regarding Board licensees, cemetery licensing, and preneed licensing. The DOI provided a summary of their Funeral & Burial Committee investigations completed in October 2023.

Media Inquiries

- On February 14, 2024, a reporter with Channel 4 News Reno conducted an interview regarding natural organic reduction. The story ran on February 21, 2024.
- On March 27, 2024, Eric Neugenboren with the Nevada Independent contacted me for information regarding the Board's response to Governor Lombardo's Executive Orders 2023-003 and 2023-004.
- On March 30, 2024, the Reno Gazette Journal published an article regarding Mountain View Cemetery. The reporter, Jason Hidalgo interviewed me for this article.

Legislative Update

- AB431 Government Reorg: No activity to report.
- AB289 Natural Organic Reduction: Based on discussions with industry representatives, this regulation requires additional review to ensure that the regulatory
- AB503 Fingerprinting for a Criminal History Report: The Department of Public Safety reported that the enacted language remains pending approval by the FBI.

Operations/Personnel

- Hired Jillian Gooch to fill the Licensing Specialist/Administrative Assistant. Her first day is May 20, 2024.

As always, thank you for your service on the Board. Your time and input on regulatory matters is valuable, and I appreciate your support.