



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/>

AGENDA AND NOTICE OF PUBLIC MEETING

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

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.**
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 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.

- 4. **Discussion, recommendation, and possible action regarding renewal of embalmer license EMB905R held by Gregory Marr. (For possible action.)**
- 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.)**
- 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.)**
- 7. **Financial Reports (For information only.)**
- 8. **Discussion, recommendation, and possible action regarding licensing software contract with Thentia Cloud. (For possible action,)**
- 9. **Report from Executive Director, Stephanie Bryant McGee (For information only.)**
- 10. **Discussion regarding future agenda items and future meeting dates (For possible action.)**

Wednesday, May 15, at 9 a.m.
 Wednesday, August 14, at 9 a.m.
 Wednesday, November 13, at 9 a.m.

11. 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)

12. 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 https://funeral.nv.gov/Board/Meetings/Meetings/	Nevada Public Notice Website https://notice.nv.gov/
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DRAFT MINUTES

Wednesday, November 15, 2023, 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

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

Chairman Sharp 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
Kim Kandaras, Treasurer
Laura Sussman, Secretary
Dr. Raymond Giddens
Dr. Donald Edward Chaney
Celena DiLullo
Jeff Long

Board Staff Present

Stephanie Bryant McGee, Executive Director
Wayne Fazzino, Investigator

Board Counsel Present

Matt Feeley, Deputy Attorney General
Rosalie Bordelove, Chief Deputy Attorney General

2. Public comment

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

3. Consent Agenda (For Possible Action)

Chairman Sharp 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 August 16, 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) Crematory License for Green Farewells, LLC, CRE117, located at 3065 N. Rancho Drive, Suite 176, Las Vegas, Alexis McCurdy and Martin McCurdy as Managing Partners; Temporary approval effective September 20, 2023.
- 2) Direct Cremation Facility Permit for Green Farewells, LLC, DC102L, located at 3065 N. Rancho Drive, Suite 176, Las Vegas, with Lennette Smith FD893 as Managing Funeral Director; Temporary approval effective September 20, 2023.
- 3) Establishment Permit for Giddens Memorial Chapel, Inc., EST139, located at 2737 N. Lamb Blvd, Las Vegas with Kyle Giddens FD864 as Managing Funeral Director; Temporary approval effective September 20, 2023.
- 4) Managing Funeral Director Request for Nadia Sandoval FD1007 – Eastside Memorial Park Funerals & Cremations EST114. Temporary approval effective August 1, 2023.
- 5) Managing Funeral Director Request for Judy Cannon FD1006 – National Cremation Society DC87L. Temporary approval effective August 20, 2023.

Action: Laura Sussman made the motion, seconded by Randy Sharp, to approve all items on the Consent Agenda. The motion passed unanimously.

4. Discussion, recommendation, and possible action regarding funeral director license application for Gregory Marr. (For possible action.)

Stephanie McGee informed the Board that Mr. Marr withdrew his application and that no further action was needed on this item.

5. Discussion, recommendation, and possible action regarding consent decree for case number FB23-11 regarding Neptune Society – Las Vegas (DC64L) and Cheryl Lynn Jones (FD986), Managing Funeral Director. (For possible action.)

Matt Feeley, Deputy Attorney General, presented the proposed consent decree to the Board. Celena DiLullo recused herself from this matter, as the entity at issue is owned by the same parent company. Ms. McGee noted that the discipline imposed is similar to previous cases.

Action: Laura Sussman made the motion, seconded by Randy Sharp, to approve the proposed consent decree. The motion passed unanimously.

6. Discussion, recommendation, and possible action regarding continuing education approval for Jenna Dumas and Monica Myles of the Nevada Donor Network, “Giving Hope and Life to Others.” Requesting approval for one (1) CEU. (For possible action.)

Stephanie McGee stated that she reviewed the course materials and that the course meets all technical requirements for approval. Monica Myles presented an overview of the course. She stated that the course will be offered as requested by funeral homes or others.

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

7. Discussion, recommendation, and possible action regarding continuing education approval for Nevada Donor Network, “Tissue Recoveries & Clinical Applications.” Requesting two (2) hours of CEU. (For possible action.)

Stephanie McGee stated that she reviewed the course materials and that the course meets all technical requirements for approval. Monica Myles presented an overview of the course and explained that this is a new course intended to cover a topic commonly requested by the funeral industry. She stated that the course will be offered as requested by funeral homes or others.

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

8. Regulation Workshop – Workshop to solicit public comment on proposed amendments Nevada Administrative Code Chapter 451.

The proposed regulation addresses the following general topics:

Adding “dissolving” and “reducing” in addition to the existing language to NAC 451.008 to accommodate for alkaline hydrolysis and natural organic reduction, during which processes a container is dissolved or reduced rather than incinerated.

Adding “vessel” and “removing remains from the vessel” to the existing language to NAC 451.009 to accommodate for alkaline hydrolysis and natural organic reduction, which use the term vessel rather than chamber. Chamber is used in reference to cremation through incineration.

Removing obsolete or duplicative provisions regarding embalming requirements and burial transit permits to reflect current practices.

Adding provision to clarify how long records must be maintained.

Stephanie McGee presented the proposed regulation change. Laura Sussman suggested that the work “casket” be changed to “sound container” or to “casket and/or sound container.” Ms. McGee explained that all comments would be considered. Ultimately, the wording will be adjusted by the Legislative Counsel Bureau. There were no other comments on the regulation.

9. Regulation Workshop – Workshop to solicit public comment on proposed amendments Nevada Administrative Code Chapter 642.

The proposed regulation addresses the following general topics:

Adding provisions for filing a report of signed agreements for funeral services; a due date for filing the report and paying the regulatory fee required by NRS 642.0696; and providing additional information for verification.

Removing obsolete or duplicative provisions regarding practice before the Board, including taking of an oath, consideration of motions, order of presentation, and rehearing.

Stephanie McGee presented the proposed regulation change. Ms. McGee presented statistics regarding the filing of reports and collection of fees over the past 12 months, stating that only 50% file by the 15th, and about 90% by the 25th. Kim Kandaras suggested that the report due date be the end of the month following the reporting month. There were no further comments on the regulations.

10. Discussion, recommendation, and possible action regarding the FY22/FY23 Financial Audit Report prepared by Christiansen Accounting Network (For possible action.)

Connie Christiansen presented the FY22 and FY23 audit report, management letter, and representation letter to the Board.

Action: Celena DiLullo made a motion, seconded by Raymond Giddens, to approve the audit report as presented. The motion passed unanimously.

11. Financial Reports (For Information Only)

Stephanie McGee presented the financial statements for FY23 and year-to-date FY24, including the regulatory fee report.

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

Stephanie McGee presented some highlights and updates to her written report. She reported that a new director had been appointed to the Department of Business & Industry. Ms. McGee described the upgrade to the State's electronic death registry system and the delays that were occurring. Raymond Giddens asked if the State could provide additional training and resources to the funeral industry. Ms. McGee explained that she was meeting with the vital record team biweekly and would ask for additional resources.

Ms. McGee thanked the Board members for their service and pointed out the importance of the Board's role in regulations in light of the situation in Pemrose, Colorado. With that situation in the media and movies like "The Burial," the office receives increased complaints and inquiries.

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

- Wednesday, February 14, at 9 a.m.
- Wednesday, May 15, at 9 a.m.
- Wednesday, August 14, at 9 a.m.
- Wednesday, November 13, at 9 a.m.

Chairman Sharp asked that Board members check their calendars and inform Stephanie McGee if any of the dates do not work.

14. Public comment

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

15. Adjournment (For Possible Action)

Action: Donald Chaney made a motion to adjourn the meeting, seconded by Jeff Long. The motion passed unanimously.



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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:

Beverly's Memorial Chapel

Physical address of proposed location:

71 N Pecos Rd STE 113

City:

Las Vegas

State:

NV

Zip Code:

89101

Phone Number:

916-868-9992

E-mail Address:

Drdavis773@sbcglobal.net

Owner Information

Owner of Location:

Levon Davis - Latrina Bryant-Davis

Owner is Beverly's Memorial Chapel 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:

Raymond Louis Giddons, Jr

FD License #:

FD923

Location Inspection

Anticipated date location will be ready for inspection: 10-10-23

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.)

71 N Pecos Rd #113

City: Las Vegas State: NV Zip Code: 89101

Preferred Phone Number: 916-868-9992 Preferred E-mail Address: Drdavis773@sbcglobal.net

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?
NV

In which state is the applicant currently domiciled?
CA

Date applicant was organized (e.g. date articles of incorporation filed):
8-04-2023

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: Latrina Bryant-Davis

Address:

City: Sacramento State: CA Zip Code: 95823

Phone Number: 916-583-4895 E-mail Address: Drdavis773@sbcglobal.net

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 checked="" type="checkbox"/> Yes	<input 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:

Beverly's Memorial Chapel, LLC

Business License #:

NV20212213430

Employer Identification Number:

93-3508387

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

10-04-2023
 Date

Latrina Bryant-Davis
 Print Name

Managing Partner
 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 Beverly's Memorial Chapel



Amount: \$375.00

Name on Credit Card: Cameile Funches

Credit Card Number: [REDACTED] 3311

Expiration Month/Year: 05/2026

Billing Address: [REDACTED]

Billing City, State & Zip: Las Vegas, NV 89149

Email for Receipt: [REDACTED]

Authorization

Signature: *Cameile Funches*

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

Credit card declined by issuer. Dr. Davis provided a new card number that processed successfully. Receipt attached. SBM 10.19.2023



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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:

Beverly's Memorial Chapel, 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:

Latrina Bryant-Davis

Called for middle name: Lanay SBM 10/30/2025

Title:

Managing Partner

Mailing Address:

[Redacted]

City:

Sacramento

State:

CA

Zip Code:

95823

Phone Number:

916-583-4895

E-mail Address:

Latrinadavis1@yahoo.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:

Latrina Bryant-Davis

Date:

10-04-2023



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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:

Beverly's Memorial Chapel, 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: Levon E Davis		Title: Managing Partner	
Mailing Address: [REDACTED]	City: Sacramento	State: CA	Zip Code: 95823
Phone Number: 916-868-9992	E-mail Address: DrDavis773@sbcglobal.net		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has this principal 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 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.) <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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

<input checked="" type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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:	10/04/2023
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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

BEVERLY'S MEMORIAL CHAPEL, LLC

Nevada Business Identification # NV20212213430

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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/07/2023.



FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202308073859844

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



**LAS VEGAS
CITY COUNCIL**

CAROLYN G. GOODMAN
Mayor

BRIAN KNUDSEN
Mayor Pro Tem

CEDRIC CREAR
VICTORIA SEAMAN
OLIVIA DIAZ
FRANCIS ALLEN-PALENSKE
NANCY E. BRUNE

JORGE CERVANTES
City Manager

**DEPARTMENT
OF COMMUNITY
DEVELOPMENT**

SETH T. FLOYD
Director of
Community Development

CITY HALL
495 S. MAIN STREET
LAS VEGAS, NV 89101
702.229.4830 | VOICE
711 | TTY



cityoflasvegas
lasvegasnevada.gov

October 2, 2024

Levon Davis
71 Pecos Road Ste. 113
Las Vegas NV 89101

RE: APN 139-36-811-010 (100672-ZVL)

Mr. Davis,

This letter is in response to a request for zoning verification on properties located at 71 N. Pecos Rd with Assessor's Parcel Number of (139-36-811-010). The subject property is zoned M (Industrial) and is located in East Las Vegas Spectrum Southeast Sector/ Revitalization Area of the Las Vegas 2050 Master Plan <https://www.lasvegasnevada.gov/Business/Planning-Zoning/Master-Special-Area-Plans-Archive>

The M (Industrial) District is intended to provide for heavy manufacturing industries in locations where they will be compatible with and not adversely impact adjacent land uses. This district is intended to be located away from all residential development. The M District is consistent with the Light Industry/Research category of the General Plan. Mortuary or Funeral Chapel is permitted by right in the M (Industrial) zone.

A detailed listing of the permissible uses and all applicable requirements for the M (Industrial) Zone are located in Title 19 ("Unified Development Code") of the Las Vegas Municipal Code. The Unified Development Code may be found on the City of Las Vegas website: <https://www.lasvegasnevada.gov/Business/Planning-Zoning/Zoning-Code>

Special Use Permit (SUP-26576) was approved on March 14, 2008; and Required Review (RQR-33487) was approved on April 10, 2009.

Documents related to these cases, including approval letters, plans, meeting minutes, etc. may be found on the City of Las Vegas website at: <http://www5.lasvegasnevada.gov/sirepub/home.aspx> if you are unable to retrieve the files at this location, you may submit a public records request form: <http://www.lasvegasnevada.gov/recordsrequest>.

The department is unable to provide you with a statement as to whether or not this property conforms to current City codes. If a use or building is nonconforming, then Title 19.14 grants certain rights to the owner, which are addressed in Sections 19.14.040 and 19.14.050.

Should you wish to obtain copies of a Certificate of Occupancy or other public records related to the subject property, information regarding City code violations on the subject property, you may submit a public records request form at: <http://www.lasvegasnevada.gov/recordsrequest>

If you have any questions concerning this matter, please contact me at 702-229-6196.

Sincerely,

Jim Marshall
Senior Planner
Community Development - Planning Division

From: [Nevada Funeral and Cemetery Services Board](#)
To: [Levon Davis](#)
Cc: [Dr Levon Davis](#); [Dr Giddons](#)
Subject: RE: Application for Funeral Establishment Permit
Date: Friday, October 13, 2023 9:46:05 AM
Attachments: [Establishment Inspection Checklist.pdf](#)

Dr. Davis and Latrina—

Thank you for submitting your application. You were certainly working late last night. I will review the application and let you know if anything else is needed. Please allow me a few days for review and processing, including running background checks. Once I have completed the initial review, I will let you know if additional information is needed. At that point, we can schedule the initial inspection required for the license.

For your reference, I have attached the initial inspection checklist. This form (in electronic format) will be used by the Board's inspector to ensure that the facility is in compliance with Nevada law and meets the requirements for a license.

In the meantime, if you have any questions for me, please contact me.

Kind regards,

Stephanie

Stephanie Bryant McGee
Executive Director
Nevada Funeral & Cemetery Services Board
3740 Lakeside Drive, Suite 201
Reno, NV 89509
(775)825-5535
<https://funeral.nv.gov>

From: Levon Davis <pastordavis@blessedfaithcogic.org>
Sent: Thursday, October 12, 2023 10:07 PM
To: Nevada Funeral and Cemetery Services Board <nvfuneralboard@fb.nv.gov>
Cc: Dr Levon Davis <drdavis773@sbcglobal.net>; Dr Giddons <rayjr@giddensmc.com>
Subject: Application for Funeral Establishment Permit

Attachment available until Nov 11, 2023

Greeting,

Enclosed is our application for a Funeral Establishment Permit. We have also inclosed payment for said permit. If there is anything else needed or anything we may have missed please feel free to give us a call or notify by email.

Thank you so much for your consideration.

Dr Levon Davis
Latrina Davis

916-868-9992
916-583-4895

[Click to Download](#)

Application Funeral Establishment Permit.pdf
27 MB

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: Beverlys Mmrl Chpl Est App 10.13.2023
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Camille Funches
4994 Nature Quest Court
Las Vegas, Nevada 89149

Funches@hwhh.org

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 375.00

Payment Information

Date/Time: 19-Oct-2023 13:07:23 PDT
Transaction ID: 80087579292
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Declined
Authorization Code: 000000
Payment Method: MasterCard XXXX6311



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:	Beverly's Memorial Chapel
Permit #:	Initial Inspection
Physical address:	71 North Pecos Road, Suite 113, Las Vegas, Nevada 89101
Mailing address:	71 North Pecos Road, Suite 113, Las Vegas, Nevada 89101
Phone number:	725-251-3495
Owner of location:	Beverly's Memorial Chapel LLC
Type of ownership:	LLC
Name of funeral director approved to manage this establishment:	Raymond Louis Giddens, Jr. FD923
Does the establishment have an on-site crematory?	No
Where are bodies from location cremated?	La Paloma Cremations
Photo of Outside of Building:	





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)	N/A
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?	N/A



Funeral Establishment Inspection Checklist

Notes

They will sell pre-need after they are approved to operate.

Photo of Displayed Licenses



New Photo



New Photo

New Photo

LIST NAMES AND LICENSE NUMBERS OF ALL LICENSEES:

Name

Raymond Louis Giddens, Jr. FD923

License Number

PREPARATION ROOM

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



Funeral Establishment Inspection Checklist

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?	No
If not, where are bodies prepared/embalmed?	
Gidden's Memorial Chapel	
Is embalming performed at this location?	No
If not, where are bodies embalmed?	Giddens Memorial Chapel
Notes	
They will replace the waste container with a red container.	
Preparation Room Signage	



Preparation Room Locking Doors:





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

Preparation Room Drainage:



Preparation Room Ventilation:



Preparation Room Overview Photo:





Funeral Establishment Inspection Checklist

Hazardous Waste Container Photo:



HUMAN REMAINS

Are human remains stored at this location?	No
Where are bodies from this location stored?	Giddens Memorial Chapel
Notes	
No refrigeration at this location.	
Photo of Outside of Refrigeration	
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?	Will be on site daily until owners are licensed as funeral arrangers.
Is the managing funeral director available to staff for supervision? (NRS 642.345)	N/A
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)	Yes
Does it appear that the location is being maintained in a professional and sanitary manner? (NRS 642.465) (NAC 642.158)	Yes

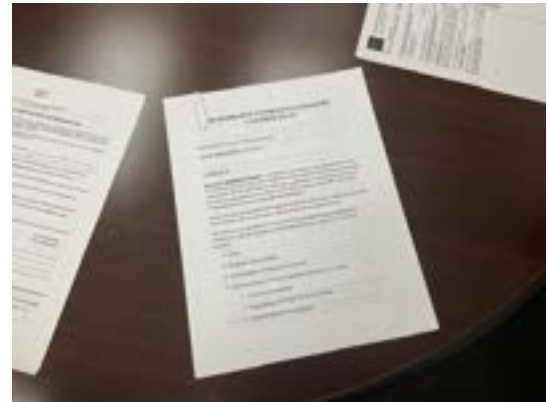


Funeral Establishment Inspection Checklist

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

Notes

We discussed the risk of blood borne pathogens and possible exposure.
 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
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



Funeral Establishment Inspection Checklist

Do records generally appear to be in good order? Yes

Notes

Initial inspection. This facility is not in operation at this time.

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 have electronic media for the display of caskets. It will be implemented shortly.
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))

Notes

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)



Funeral Establishment Inspection Checklist

- 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
- Use of equipment and staff for graveside service
- Hearse
- Limousine
- Price range for outer burial containers or the prices of individual outer burial containers
- Notes

GENERAL PRICE LIST DISCLOSURES

- Is the following disclosure included in immediate conjunction with the price shown for embalming? Yes
 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."



Funeral Establishment 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)."

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."

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.)"



Funeral Establishment Inspection Checklist

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?
 NRS 642.019, 16 CFR 453.2(4)(iii)(A)(1)
 "A complete price list will be provided at the funeral home"
 Yes

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

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."



Funeral Establishment Inspection Checklist

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)
 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



Funeral Establishment Inspection Checklist

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? Yes

Types of advertising: Internet

For any viewed advertising, does it appear that everything is fairly and accurately represented? (NRS 642.5172) Yes

Notes: They have a web page set up with generic headings.

New Photo



New Photo

BODY DONATION INFORMATION

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

Notes

They will use Medcure in the future.

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



Funeral Establishment Inspection Checklist

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

We discussed the need to make sure if they have any veterans they contact veteran services if cremains are not claimed within one year.

REGULATORY FEES

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

Unknown

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
 In not, request information on how those fees are reported.

Unknown

Notes

INSPECTION INFORMATION

Date of Inspection: 11/29/2023
 Time of Inspection: 07:55
 Type of Inspection: Initial
 Name of Inspector: Dr. Wayne A. Fazzino
 Signature of Inspector:

Name of Establishment Representative at Time of Inspection: Dr. Raymond Louis Giddens, Jr.

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

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

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/>

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:

Gateway to the Valley LLC. DBA: Camino Al Cielo Funeral Chapels

Physical address of proposed location:

2041 W Bonanza Road

City:

Las Vegas

State:

NV

Zip Code:

89106

Phone Number:

702-268-8085

E-mail Address:

sgtjoeramirez@outlook.com

Owner Information

Owner of Location:

Jose R Ramirez, Diana Marquez & DH International 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:

Kristopher Wilks

FD License #:

FD91912 FD919 SBM

Funeral Establishment Permit Application

Location Inspection

Anticipated date location will be ready for inspection: 12/04/2023

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.)

City: Las Vegas	State: NV	Zip Code: 89130
--------------------	--------------	--------------------

Preferred Phone Number:

702-757-8940

Preferred E-mail Address:

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):

05/26/2023

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:

Jose R Ramirez

Address:

City: Las Vegas	State: NV	Zip Code: 89130
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Phone Number:

E-mail Address:

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:

Gateway to the Valley LLC

Business License #:

NV20232800171

Employer Identification Number:

93-1376971

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

12/04/2023

Date

Jose R Ramirez

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"/> Formal Approval:		<input type="checkbox"/> Formal Permit Mailed:		<input type="checkbox"/> Withdrawn:	

Funeral Establishment Permit Application

Credit Card Payment Information

Payment Method

Applicant Name

Jose R Ramirez



Amount:

\$ 375

Name on Credit Card:

Joseph Kung

Credit Card Number:

4164

Expiration Month/Year

04/20

Billing Address

10412 Holloway Heights Avenue

Billing City, State & Zip

Las Vegas, NV 89120

Email for Receipt:

jkconsulting168@gmail.com

Authorization

Signature:

Joseph Kung

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/>

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:

Gateway to the Valley LLC. DBA: Camino Al Cielo Funeral Chapels

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:

Jose Rafael Ramirez

Title:

Owner

Mailing Address:

2041 W Bonanza Road

City:

Las Vegas

State:

NV

Zip Code:

89106

Phone Number:

702-268-8085

E-mail Address:

sgtjoeramirez@outlook.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:

Jose Ramirez

Date:

12/04/2023

SECRETARY OF STATE



DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Gateway to The Valley LLC** did, on 05/26/2023, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



Certificate
Number: B202305263683625
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 05/26/2023.

FRANCISCO V. AGUILAR
Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Gateway to The Valley LLC

Nevada Business Identification # NV20232800171

Expiration Date: 05/31/2024

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 05/26/2023.



Francisco V. Aguilar

Certificate Number: B202305263683626

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

FRANCISCO V. AGUILAR
Secretary of State

Stephanie McGee

From: Holden Weisman <hweisman@LasVegasNevada.GOV>
Sent: Monday, January 22, 2024 11:15 AM
To: Nevada Funeral and Cemetery Services Board
Cc: Amai Daniel
Subject: Camino al Cielo Funeral Chapels - 2041 W Bonanza Rd

Good morning,

The property at 2041 w Bonanza Rd is zoned C-M (Commercial/Industrial).

A "Mortuary or Funeral Chapel" land use is permitted by-right in a C-M zone.

This comes from our Unified Development code, and can be verified at the following link:
[Title 19.12.010 Land Use Table](#)

If you have any additional questions, please let me know,

Holden Weisman

Planner I

Community Development | Planning | Current Planning

702.229.6189 | 702.767.2853

495 S. Main St. | Las Vegas, NV 89101




lasvegasnevada.gov



Stephanie McGee

From: Jose Ramirez <sgtjoeramirez@outlook.com>
Sent: Monday, January 22, 2024 9:01 AM
To: Nevada Funeral and Cemetery Services Board
Subject: Re: Camino Al Cielo App

FFN #202401221000922 filed 01/22/2024 08:26:21 AM by MORANC - TR #2171824
Expires: 01/22/2029 - Page 1 of 1 - \$25.00 - LYNN MARIE GOYA, CLARK COUNTY CLERK

 **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

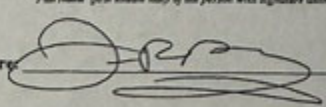
Assumed or Fictitious Name: CAMINO AL CIELO Funeral Chapels

Registered Business Entity: Gateway TO The Valley LLC
Exactly as it is registered (or intends to be registered) with the Nevada Secretary of State

Business Contact: 702-757-8940 sgtjoeramirez@outlook.com
Phone Number Email Address

Mailing Address: 2441 W. Bonanza Rd
Street Address Unit/Apt/Suite/Blgd
Las Vegas NV 89106 USA
City State/Province Zip Country

Print Authorized Signer Name: Jose Rafael Ramirez
Full Name (first middle last) of the person with signature authority for the registered business entity

Authorized Signer Signature:  Date: 1/22/24

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



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:	Camino Al Cielo Funeral Chapels
Permit #:	Initial inspection
Physical address:	2041 West Bonanza Road, Las Vegas, Nevada 89106
Mailing address:	2041 West Bonanza Road, Las Vegas, Nevada 89106
Phone number:	725-268-8085
Owner of location:	Gateway to the Valley LLC
Type of ownership:	LLC
Name of funeral director approved to manage this establishment:	Kristopher WILKS FD919 (Purposed)
Does the establishment have an on-site crematory?	No
Where are bodies from location cremated?	La Paloma Crematory
Photo of Outside of Building:	



Photo of Signage



Funeral Establishment Inspection Checklist

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)	N/A
Funeral arrangers' licenses displayed conspicuously? (NRS 642.460)	N/A
Are all individuals meeting with families to make arrangements properly licensed? (NRS 642.361)	N/A
Does the location employ or contract with a licensed embalmer? (NAC 642.161)	Unknown
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
Notes	No displayed licenses at time of inspection.
Photo of Displayed Licenses	
New Photo	
New Photo	
New Photo	

LIST NAMES AND LICENSE NUMBERS OF ALL LICENSEES:

Name	Jose Rafael Ramirez FA69
License Number	
Name	Kristopher Wilks FD919
License Number	



Funeral Establishment Inspection Checklist

PREPARATION ROOM

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)	No
Is there necessary drainage? (NRS 642.016)	Yes
Is there proper ventilation in working order? (NRS 642.016)	No
Are fumes and odors prevented from entering other parts of the building? (NRS 642.016)	Unknown
Does the location properly store and dispose of hazardous waste? (NRS 444.490)	N/A
Is this preparation room utilized by the establishment? If not, where are bodies prepared/embalmed?	No Possibly La Paloma or this location.
Is embalming performed at this location? If not, where are bodies embalmed?	No La Paloma or this location.

Notes

Building is under construction. None of the rooms were ready for inspection.
 Preparation Room Signage



Preparation Room Locking Doors: _____
 Preparation Room Drainage: _____
 Preparation Room Ventilation: _____



Funeral Establishment Inspection Checklist

Preparation Room Overview Photo: _____



Hazardous Waste Container Photo: _____

HUMAN REMAINS

Are human remains stored at this location? _____ N/A

Notes

Initial inspection. None of the rooms were ready for inspection. All were under construction. Refrigeration will be outside. They were preparing the area at the time of the inspection. No refrigeration was at the location during the inspection.

Photo of Outside of Refrigeration _____

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) _____ No

How often is the approved managing funeral director on-site to manage establishment? _____ N/A

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

Does the managing funeral director live within 120 miles of the location? (NAC 642.116) _____ N/A

Does the managing funeral director manage more than 3 locations? (NAC 642.116) _____ N/A

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) _____ N/A



Funeral Establishment Inspection Checklist

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

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

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

Notes

Business is under construction and there are no employees at the time of the inspection.
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

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? No

Notes

Required records were not presented at the time of the inspection.

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. No

Do the prices of displayed caskets conform to the casket price list? (16 CFR 453.2(a)(b)) Unknown



Funeral Establishment Inspection Checklist

Notes:

No casket display book was present at the time of the inspection.
 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 |
| 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?
(NRS 642.019, 16 CFR 453.2(b)(2)(i)) | Yes |
| Notes | |

GENERAL PRICE LIST (GPL)

- | | |
|--|-----|
| Does establishment have a supply of the GPL readily available?
NRS 642.019, 16 CFR 453.3(b)(4)(i)(A) | Yes |
| 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?
NRS 642.019, 16 CFR 453.6 | N/A |
| Does the GPL contain the name, address, and phone number of the establishment?
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 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 | ✓ |



Funeral Establishment Inspection Checklist

- 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
 - Use of equipment and staff for graveside service
 - Hearse
 - Limousine
 - Price range for outer burial containers or the prices of individual outer burial containers
 - Notes
- No Limousines or outer burial containers are offered.

GENERAL PRICE LIST DISCLOSURES

- Is the following disclosure included in immediate conjunction with the price shown for embalming? Yes
 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."
- 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)."



Funeral Establishment Inspection Checklist

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? N/A

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."

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



Funeral Establishment Inspection Checklist

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)	Unknown
Does the statement specifically itemize cash advance items to the extent known? NRS 642.019, 16 CFR 453.2(b)(5)	Unknown
Does the statement contain the total cost of the goods and services selected? NRS 642.019, 16 CFR 453.2(b)(5)	Unknown
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)	Unknown
Notes	

No Itemized Statement of Funeral Goods and Services was provided at the time of the inspection.

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) "We charge you for our service in obtaining: (specify cash advance items)."	Unknown
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) "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."	Unknown
Is the following disclosure included in the statement of funeral goods and services selected? 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."	Unknown
Notes	

No contract was provided at the inspection.

OUTER BURIAL CONTAINER PRICE LIST



Funeral Establishment Inspection Checklist

Does the establishment provide an outer burial container price list? 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)	N/A
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
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? NRS 642.019, 16 CFR 453.2(b)(3)(I)	N/A
Notes	
No outer burial container is being offered by the business.	

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?	No
Notes:	Will advertise online after they are approved to operate.



Funeral Establishment Inspection Checklist

New Photo _____
New Photo _____

BODY DONATION INFORMATION

Does the establishment work with any whole body donor organizations? Unknown

Notes
They are not sure at this time.

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. Not in operation.

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: 11/29/2023
Time of Inspection: 11:50
Type of Inspection: Initial
Name of Inspector: Dr. Wayne A. Fazzino
Signature of Inspector: _____

Name of Establishment Representative at Time of Inspection: Jose Ramirez

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



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

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:

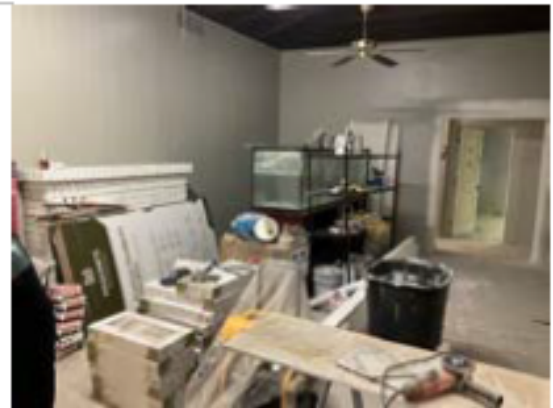
Does it appear that any items may need to be reported
to local or state health authorities, OSHA, or the Federal
Trade Commission?

Additional Photos

Not at this time. Will need to re-inspect
when they are ready.



Additional Photo2





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Phone (775) 825-5535
Fax (775) 507-4102
Email nvfuneralboard@fb.nv.gov

Funeral Establishment Inspection Checklist

Additional Photo3



Stephanie McGee

From: Jose Ramirez <sgtjoeramirez@outlook.com>
Sent: Friday, December 22, 2023 3:18 PM
To: Nevada Funeral and Cemetery Services Board
Subject: Camino Al Cielo pics









Sent from my iPhone

Stephanie McGee

From: Jose Ramirez <sgtjoeramirez@outlook.com>
Sent: Tuesday, December 26, 2023 8:09 AM
To: Nevada Funeral and Cemetery Services Board
Subject: Front Of Camino Al Cielo FC







Sent from my iPhone



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/>

RECEIVED

JUL 21 2023

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:

County Funeral Services LLC

Physical address of proposed location:

1961 Whitney Mesa

City:

Henderson

State:

NV

Zip Code:

89014

Phone Number:

901-679-2125

E-mail Address:

marlon@countyfuneralservices.com

Owner Information

Owner of Location:

County Funeral Services LLC/ Marlon Williams

Type of Ownership:

Sole Proprietorship

Corporation

Limited Liability Company (LLC)

Partnership

Location Inspection

Anticipated date location will be ready for inspection:

8/07/2023

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.)

[REDACTED]

City: Desoto	State: Texas	Zip Code: 75115
-----------------	-----------------	--------------------

Preferred Phone Number: 9016792125	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:
[REDACTED]

City: Desoto	State: Texas	Zip Code: 75115
-----------------	-----------------	--------------------

Phone Number: 9016792125	E-mail Address: [REDACTED]
-----------------------------	-------------------------------

Social Security Number: [REDACTED]	Date of Birth: [REDACTED]	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
---------------------------------------	------------------------------	--

Citizenship: US Citizen Authorized to Work in the US Place of Birth: [REDACTED]

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):
12/28/2018

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:
Marlon Williams

Address:
[REDACTED]

City: Desoto	State: Texas	Zip Code: 75115
-----------------	-----------------	--------------------

Phone Number: 9016792125	E-mail Address: [REDACTED]
-----------------------------	-------------------------------

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 checked="" type="checkbox"/> Yes	<input 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 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue
NV	Crematory	CRE109	11/2020

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.

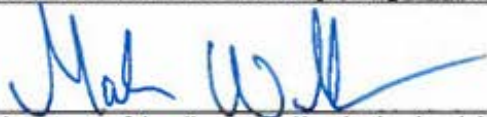
I hereby apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent, 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.



Signature of Applicant and/or Authorized Agent

7/3/2023

Date

Marlon Williams

Print Name

7/3/2023

Title

For Board Use Only:


<input type="checkbox"/> Date Received:	7/21/23	<input type="checkbox"/> Fee Paid:	\$ 375-	<input type="checkbox"/> Ref. No.:	
<input type="checkbox"/> Ex Dir Rev.:	7/21/23	<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: Marlon Williams

Amount: \$375

Name on Credit Card: Marlon Williams

Credit Card Number: ██████████7771

Expiration Month/Year: 07/26

Billing Address: 1504 Sagewood Dr

Billing City, State & Zip: Desoto Texas 75115

Email for Receipt: marlon@countyfuneralservices.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.



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:

County Funeral Services 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: Marlon Williams		Title: Owner/sole managing member	
Mailing Address: [REDACTED]	City: Desoto	State: TX	Zip Code: 75115
Phone Number: 901-6792125	E-mail Address: marlon@countyfuneralservices.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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning this principal in process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has this principal 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 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.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

<input checked="" type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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:	7/3/2023
-------------------------	--	-------	-----------------

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COUNTY FUNERAL SERVICES L.L.C.

Entity Number:

E0589932018-5

Entity Type:

Domestic Limited-Liability Company (86)

Entity Status:

Default

Formation Date:

12/27/2018

NV Business ID:

NV20181922945

Termination Date:

Annual Report Due Date:

12/31/2023

Compliance Hold:

Series LLC:

Restricted LLC:

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

Marlon Williams

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Non-Commercial Registered Agent

NV Business ID:**Office or Position:****Jurisdiction:****Street Address:**

700 Pyramid Dr , Las Vegas, NV, 89107, USA

Mailing Address:**Individual with Authority to Act:****Fictitious Website or Domain Name:****OFFICER INFORMATION** VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
Manager	Marlon Demond Williams	1961 WHITNEY MESA DR, HENDERSON, NV, 89014, USA	04/13/2021	Active

Page 1 of 1, records 1 to 1 of 1

[Filing History](#)[Name History](#)[Mergers/Conversions](#)[Return to Search](#)[Return to Results](#)

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 "FVAguilar".

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: 11/30/2023
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 Millikin
SUPERVISING BUSINESS LICENSE TECHNICIAN

Proposed Business Name/DBA Perfect Cremations

Applicant/Contact Name Dr. Marlon Williams

Proposed Business Address 1961 Whitney Mesa Henderson NV 89014 Executive Suite

Primary Phone 901-679-2125 Business Cell Email: marlon@countyfuneralservices.com

New Business Change of Ownership Change of Address Update Business Activity Special Event

Concisely describe the specific business activity:
A Crematory with a direct cremation office adjacent.

Does the business use or store hazardous materials/chemicals? Yes No

If YES, applicant must complete hazardous materials questionnaire (also available at Community Development).

What is the square footage of the space your business will occupy? 2400 square feet

***Home-Based Business Only:** By signing below, you are acknowledging you have read and will comply with the Home Occupation standards in Section 19.9.3.D of the Henderson Municipal Code. Also, you are acknowledging you are the property owner or have obtained permission from the property owner to operate a home-based business at the above-referenced address. Non-compliance is grounds to revoke the business license.

***Non-Residential Locations Only:** A site plan or building layout that clearly identifies the location the business will be occupying is required for all applications.

The information provided is accurate and correct:



Applicant Signature

9/5/23
Date

Final approval by the Community Development Department is **not granted until the items below and City Inspections** are completed.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

APN	<u>16132712013</u>	<input checked="" type="checkbox"/> Address Verified	<input type="checkbox"/> Redevelopment Overlay
ZONING	<u>IL-RD</u>	<input type="checkbox"/> Home-Based Business	
USE CLASSIFICATIONS AND COMMENTS	<u>Funeral and Interment Service- crematorium (19.9.6.N), with accessory office. -Continued legal non-conforming use.</u>		
APPROVAL CONDITIONS	<input type="checkbox"/> Conditional Use Permit # _____ <input type="checkbox"/> Temporary Use Permit # _____ <input type="checkbox"/> Design Review # _____ <input type="checkbox"/> Variance # _____ <input type="checkbox"/> Vehicle Travel Distance # _____ <input type="checkbox"/> Zone Change # _____ <input checked="" type="checkbox"/> Pre-Existing Use <u>BL# 2020313887</u> <input type="checkbox"/> Other _____		
STATUS	<input checked="" type="checkbox"/> Permitted <input type="checkbox"/> Denied <input type="checkbox"/> Pending		
CD REVIEW	<u>Nate Gardner</u> Signature	<u>9/6/2023</u> Date	
FIRE PERMIT REQUIREMENT	<input type="checkbox"/> Required <input type="checkbox"/> Not Required Date: _____		Fire Plans Initials _____



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/>

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:

Marlon Williams

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

I, Marlon Williams have a legal dispute with opposing parties Kiesha Mckenzie, Marlon Carter, Shelia Winn and Shavonnie Carter. At the core, the case is a contract dispute over ownership. The contract in question pertains to only the funeral home, CCFS entity. I have currently resolved all issues via settlement agreement with Kiesha Mckenzie, Shavonnie Carter and S Winn. Marlon Carter signed a declaration stating at all times Kiesha Mckenzie has been the sole owner of both entites and Carter has stated via court that Marlon Williams is the landlord of the property owned at Whitney Mesa. Currently, we are awaiting a court hearing to dicuss an injunction and then will move to drop all tort claims. I have provided a copy of the settlement between both parties.

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.

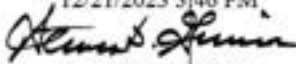
Signature of Applicant

07/03/2023

Date

Marlon Williams

Print Name


CLERK OF THE COURT

1 Jason F. Lather
Nevada Bar No. 12607
2 LATHER LAW
4484 S. Pecos Rd., Suite 171
3 Las Vegas, NV 89121
Ph: (702) 979-3500
4 Fax: (702) 935-0071
jason@latherlaw.com

5
6 DISTRICT COURT
CLARK COUNTY, NEVADA

7
8 MARLON WILLIAMS, an individual;
CLARK COUNTY FUNERAL
SERVICES, INC., a Nevada
9 Corporation; COUNTY FUNERAL
SERVICES, INC., a Nevada
10 Corporation,

11 Plaintiffs,

12 v.

13 MARLON CARTER, an individual;
KENSHIA McKENZIE, an individual;
SHEILA RAE WINN, an individual;
14 SHVONNIE CARTER, an individual,
and DOES 1 to 10 and ROES I to X,

15 Defendants.

Case No.: A-21-831467-C
Dept. 13

ORDER GRANTING PLAINTIFF /
COUNTER-DEFENDANT WILLIAMS'S
MOTION FOR SUMMARY JUDGMENT

16 AND ALL RELATED CLAIMS.

17
18 This matter came before the court on Plaintiff/Counter-Defendant
19 MARLON WILLIAMS's Motion for Summary Judgment on November 6, 2023.
20 David Markman appeared for Defendant/Counterclaimant KENSHIA
21 McKENZIE, Robert Pool appeared for Defendant/Counterclaimant MARLON
22 CARTER, and Jason Lather appeared for Plaintiff/Counter-Defendant MARLON
23 WILLIAMS. Having reviewed the moving papers and responses, and having
24

1 heard the arguments of counsel, the court finds, concludes, and ORDERS as
2 follows:

3 **FINDINGS OF FACT**

- 4 1. On or about April 19, 2016, McKinzie formed Clark County Funeral
5 Services, LLC (“CCFS” or “Funeral Home”). This entity was created to own
6 and manage a funeral home with the same name.
- 7 2. On or about December 27, 2018, a new entity called County Funeral
8 Services, LLC (“CFS” or “Crematory”) was formed. This entity was created
9 to own and operate a business that provides cremation services.
- 10 3. Although the two companies, Funeral Home and Crematory, shared
11 many common traits and business operations, they were always separate
12 legal entities.
- 13 4. From the inception of Crematory, Williams believed he was the owner of
14 the entity. Further, Williams also had a management role at Funeral
15 Home. This was reflected in various corporate documents and the
16 business’s representations to outside parties, such as the Funeral Board
17 and financing companies.
- 18 5. In early 2021, however, there arose a dispute between McKinzie and
19 Williams regarding the ownership and management of both Funeral
20 Home and Crematory; this dispute led to the present case.
- 21 6. There is no evidence that McKinzie or Williams ever intended to sell
22 **Crematory** to Carter or anyone else.
- 23
24

1 7. The Complaint in this case was filed on March 19, 2021. In the Complaint,
2 Williams alleged that he was the rightful owner of both businesses and
3 sought declaratory relief. Further, he claimed that McKinzie and Carter
4 had committed various intentional torts, including Conversion, Fraud,
5 and Civil Conspiracy.

6 8. All of the Defendants in this case filed a single Verified Answer,
7 Counterclaim, Injunction and Petition for Declaratory Relief on May 3,
8 2021. Each of the four individual Defendants/Counterclaimants signed
9 Verifications in which they attested that they had read the document,
10 knew the contents thereof, and believed it to be true.

11 9. Paragraph 35 of the Counterclaim alleges that “The sole owner of CFS is
12 and was at all times Kenshia McKinzie.”

13 10. After the Complaint and Counterclaim were filed, this Court held two
14 days of testimony regarding both parties’ requests for preliminary
15 injunctions. Several witnesses testified, including McKinzie, Carter, and
16 Williams.

17 11. At this hearing, Carter confirmed through his testimony that he does not
18 own the Crematory.

19 12. Subsequently, the Court issued Findings of Fact and Conclusions of Law,
20 in which the Court preliminarily found that “At all times relevant to these
21 proceedings, McKinzie was and is the sole member owner of CFS.”
22
23
24

1 13. After discovery closed in this case, McKinzie and Williams began
2 settlement negotiations, which culminated in a signed Settlement
3 Agreement dated October 19, 2022.

4 14. In the Settlement Agreement, McKinzie and Williams agreed to the
5 following terms:

6 A. McKinzie releases all claims to ownership of COUNTY
7 FUNERAL, its business, its income and profits, and its assets,
8 including real estate titled to COUNTY FUNERAL;

9 B. Williams releases all claims to ownership of CLARK COUNTY
10 FUNERAL, its business, its income and profits, and its assets,
11 including real estate titled to CLARK COUNTY FUNERAL;

12 15. In other words, McKinzie relinquished any claim that she has/had to
13 Crematory and Williams relinquished any claim that he has/had to
14 Funeral Home.

15 16. At no point in discovery did any Defendant or Counterclaimant produce
16 a computation of damages or any evidence to support a claim for
17 monetary damages.

18 17. No admissible evidence was ever produced to support Carter's contention
19 that he was actually the owner of Crematory.

20 18. After the settlement between Williams and McKinzie, the uncontroverted
21 evidence in this case shows that Plaintiff / Counter-Defendant Williams
22 is the only person with a valid claim to ownership of Crematory.

23 **CONCLUSIONS OF LAW**

24 1. Summary judgment is appropriate "when the pleadings and other
evidence on file demonstrate that no genuine issue as to any material fact

1 [remains] and that the moving party is entitled to a judgment as a matter
2 of law.” *Wood v. Safeway, Inc.*, 121 Nev. 724, 729, 121 P.3d 1026, 1029
3 (2005) (alteration in original) (internal quotation marks omitted).

4 2. “The court shall grant summary judgment if the movant shows that there
5 is no genuine dispute as to any material fact and the movant is entitled
6 to judgment as a matter of law.” NRCP 56(a) (emphasis added); *see also*,
7 *Wood v. Safeway, Inc.*, 121 Nev. 724, 729, 121 P.3d 1026, 1029 (2005).

8 3. “Further, where an essential element of a claim for relief is absent, the
9 facts, disputed or otherwise, as to other elements are rendered
10 immaterial and summary judgment is proper.” *Barmettler v. Reno Air, Inc.*,
11 114 Nev. 441, 447, 956 P.2d 1382, 1386 (1998) (internal quotation
12 omitted).

13 4. Only admissible evidence may be considered by the court when
14 evaluating whether summary judgment is appropriate: “in order to defeat
15 summary judgment, the nonmoving party must transcend the pleadings
16 and, by affidavit or other admissible evidence, introduce specific facts
17 that show a genuine issue of material fact.” *Cuzze v. Univ. & Cmty. Coll.*
18 *Sys. of Nevada*, 123 Nev. 598, 603, 172 P.3d 131, 134 (2007), citing *Wood*,
19 *supra*; *see also*, *Collins v. Union Fed. Sav. & Loan Ass'n*, 99 Nev. 284, 302,
20 662 P.2d 610, 621 (1983) (“Evidence introduced in support of or
21 opposition to a motion for summary judgment must be admissible
22 evidence.”)

1 5. The Nevada Rules of Civil Procedure require that “a computation of each
2 category of damages” and the supporting evidence for that computation
3 must be provided to the other parties. NRCP 16.1(a)(1)(A).

4 6. Any party that fails to make adequate disclosures “is prohibited from
5 using as evidence at trial any witness or information not so disclosed
6 unless the party can show there was substantial justification for the
7 failure to disclose or unless such failure is harmless.” *Pizarro-Ortega*, 133
8 Nev. at 265, 396 P.3d at 787, citing NRCP 37(c)(1) (internal quotations
9 omitted).

10 7. The following causes of action require proof of damages: Plaintiff’s Second
11 (Conversion), Plaintiff’s Third (Fraud), Plaintiff’s Fourth (Civil Conspiracy),
12 Counterclaimants’ First (Conversion), Counterclaimants’ Second (Breach
13 of Fiduciary Duty), Counterclaimants’ Third (Breach of Duty of Loyalty),
14 Counterclaimants’ Fourth (Unjust Enrichment), Counterclaimants’ Fifth
15 (Usurpation of Corporate Opportunity), Counterclaimants’ Sixth
16 (Fraudulent Misrepresentation), Counterclaimants’ Seventh (Business
17 Disparagement), Counterclaimants’ Eighth (Intentional Interference with
18 Contractual Relations).

19 8. As no evidence of damages or computation of damages was produced by
20 any party through the course of discovery, or to support or oppose this
21 motion, summary judgment is appropriate as to all of those twelve causes
22 of action listed in paragraph 7 above.

1 9. The remaining causes of action involve the ownership of the two business
2 entities.

3 10. As Marlon Williams, as part of the aforementioned settlement agreement,
4 relinquished his claim to ownership of Clark County Funeral Services,
5 the Funeral Home, summary judgment in favor of
6 Defendants/Counterclaimants is appropriate as to Plaintiff's First Cause
7 of Action and Counterclaimants' Ninth Cause of Action (Declaratory
8 Relief) with respect to this business.

9 11. As Kenshia McKinzie, as part of the aforementioned settlement
10 agreement, relinquished her claim to ownership of County Funeral
11 Services, the Crematory, summary judgment in favor of
12 Plaintiff/Counter-Defendant is appropriate as to Plaintiff's First Cause of
13 Action and Counterclaimants' Ninth Cause of Action (Declaratory Relief)
14 with respect to this business.

15 12. With this Order, the Court does not take a position as to any potential
16 ownership dispute between Marlon Carter and Kenshia McKinzie as to
17 Funeral Home.

18 **ORDER**

19 **IT IS ORDERED, ADJUDGED, AND DECREED** that Plaintiff/Counter-
20 Defendant Williams's Motion for Summary Judgment is **GRANTED**.

21 **IT IS FURTHER ORDERED** that all claims and counterclaims regarding
22 Plaintiff and Defendant/Counterclaimant Marlon Carter are dismissed.
23
24

1 **IT IS FURTHER ORDERED** that all claims and counterclaims regarding
2 Plaintiff and Defendant/Counterclaimant Kenshia McKinzie are dismissed.

3 IT IS SO ORDERED.

Dated this 21st day of December, 2023



TMB

4
5 Submitted by:

7C5 994 5FA7 1048
Mark R. Denton
District Court Judge

6 **LATHER LAW**

7 */s/ Jason Lather*

8 Jason F. Lather, Esq.
9 Nevada Bar No. 12607
10 4484 S. Pecos Rd., Suite 171
Las Vegas, NV 89121
Attorney for Marlon Williams

11 Reviewed by:

12 **ROBERT B. POOL, PC**

13 Refused to sign

14 Robert B. Pool, Esq.
15 Nevada Bar No. 4723
16 710 S. 7th St.
Las Vegas, NV 89101
Attorney for Marlon Carter

MARKMAN LAW

/s/ David A. Markman

David A. Markman, Esq.
Nevada Bar No. 12440
4484 S. Pecos Rd., Suite 130
Las Vegas, NV 89121
Attorney for Kenshia McKinzie

Jason Lather

From: Bob Pool <bobpool@gmail.com>
Sent: Thursday, December 21, 2023 8:49 AM
To: Jason Lather
Cc: David Markman
Subject: Re: Williams et al. v. Carter, McKinzie, et al. - Proposed Order

I will not be signing off on this Order.

On Wed, Dec 20, 2023, 1:26 PM Jason Lather <jason@latherlaw.com> wrote:

Mr. Pool:

Do you have any thoughts on the proposed Order? I will submit it to the court after 5 pm today if I don't hear from you.

Jason F. Lather

Nevada Bar No. 12607

LATHER LAW

4484 S. Pecos Rd., Suite 171

Las Vegas, NV 89121

Ph: (702) 979-3500

Fax: (702) 935-0071

jason@latherlaw.com

From: David Markman <david@markmanlawfirm.com>
Sent: Wednesday, December 20, 2023 12:36 PM
To: Jason Lather <jason@latherlaw.com>
Cc: bobpool@gmail.com; Brenda@latherlaw.com
Subject: Re: Williams et al. v. Carter, McKinzie, et al. - Proposed Order

You may affix my e-signature for submission to the court.

On Fri, Dec 15, 2023 at 11:27 AM Jason Lather <jason@latherlaw.com> wrote:

Dear counsel:

I have prepared a proposed Order regarding the Motion for Summary Judgment that the court recently granted. Please review and let me know if you have any questions or requests for changes. I hope to get this to the court ASAP so my client can start working with the governmental authorities to get the crematory running again, so I would appreciate your prompt reply.

Jason F. Lather

Nevada Bar No. 12607

LATHER LAW

4484 S. Pecos Rd., Suite 171

Las Vegas, NV 89121

Ph: (702) 979-3500

Fax: (702) 935-0071

jason@latherlaw.com

--

David Markman, Esq.

Attorney

MARKMAN LAW

4484 S. Pecos Rd. Suite #130

Las Vegas NV 89121

Tel: 702-843-5899 / Fax: 702-843-6010

David@Markmanlawfirm.com

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1 **CSERV**

2
3 DISTRICT COURT
CLARK COUNTY, NEVADA

4
5
6 Marlon Williams, Plaintiff(s)

CASE NO: A-21-831467-C

7 vs.

DEPT. NO. Department 13

8 Marlon Carter, Defendant(s)

9
10 **AUTOMATED CERTIFICATE OF SERVICE**

11 This automated certificate of service was generated by the Eighth Judicial District
12 Court. The foregoing Order Granting Motion was served via the court's electronic eFile
13 system to all recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 12/21/2023

15 Robert Pool	bobpool@gmail.com
16 David Markman	David@MarkmanLawfirm.com
17 Jason Lather	attyjasonlather@gmail.com
18 Sheila Winn	preneedsheila@gmail.com
19 Jason Lather	jason@latherlaw.com
20 Jessica Elsee	jesicca@markmanlawfirm.com
21 Marlon Carter	702ccfs@gmail.com
22 Lawrence Phillips	lawrencephillipsesq@gmail.com
23 Marlon Williams	marlon@countyfuneralservices.com

24
25
26
27
28

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: Crematory License Application

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

Marlon Williams
County Funeral Services, LLC NEWCRE
1504 Sagewood Drive
Desoto, TX 75115

marlon@countyfuneralservices.com

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 375.00

Payment Information

Date/Time: 26-Jul-2023 12:01:20 PDT
Transaction ID: 64504601398
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 026217
Payment Method: Visa XXXX7771



State of Nevada
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 Phone (775) 825-5535
 Fax (775) 507-4102
 Email nvfuneralboard@fb.nv.gov

Crematory Inspection Checklist

Date: 01/24/2024

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. In accordance with NRS 451.635 the Board shall examine the structure, equipment and location of the crematory.

GENERAL INFORMATION

Name under which the crematory conducts business : County Funeral Services LLC
 License #: _____
 Physical address: _____
 1961 Whitney Mesa
 Henderson, Nevada 89014
 Mailing address: _____
 1961 Whitney Mesa
 Henderson, Nevada 89104
 Phone number: 901-679-2125
 Fax number: _____
 Owner of crematory: County Funeral Services LLC/Marlon Williams
 Type of ownership: LLC
 Is the area zoned for mixed, commercial, or industrial, and at least 1500 feet from a residential parcel? Yes
 Exception for alkaline hydrolysis equipment. (NRS 451.635) _____
 Notes _____
 They are using the DBA Perfect Cremations.
 Photo of Outside of Building _____



Photo of Outside of Building

LICENSES



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Crematory Inspection Checklist

Date: 01/24/2024

Is the crematory license issued by the Board displayed conspicuously? N/A

Are city and/or county permits or licenses displayed? Yes

Have all individuals operating equipment attended approved crematory training? (SB 286) Yes

List names of all individuals who currently operate equipment:

Dr. Marlon Williams

Photo of displayed licenses



Photo of training certificates



Photo of training certificates

Photo of training certificates

EQUIPMENT INFORMATION

Number of machines 1
 Fuel Source Natural Gas
 Manufacturer American



Crematory Inspection Checklist

Date: 01/24/2024

Date the equipment was last serviced? January 7, 2024

Notes _____

Photo of area where equipment located _____



Photo of machine 1 _____



Photo of machine 2 _____

Photo of machine 3 _____

Photo of machine 4 _____

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) | N/A |
| Is all recoverable residue properly removed from chamber following cremation? (NRS 451.680) | N/A |



Crematory Inspection Checklist

Date: 01/24/2024

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

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

Notes

Initial Inspection. Not in operation at the time of the inspection.

Photo of document or label on control panel

Photo of pulverizer



Photo

Photo

HUMAN REMAINS

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) N/A

Does it appear that any area where remains are stored awaiting cremation, protects the health and safety of crematory employees? (NRS 451.675) Yes

Are all remains present being refrigerated or embalmed within 24 hours? (NRS 451.675) N/A

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) N/A

Are all remains in refrigeration and on site properly identified? (NAC 451.070) N/A

Are all remains in refrigeration and on site being stored without being on top of other remains? (NAC 642.158) N/A



Crematory Inspection Checklist

Date: 01/24/2024

- Are all remains in refrigeration and on site being stored face-up? (NAC 642.158) N/A

- Are all remains in refrigeration and on site completely covered or clothed (unless embalming)? (NAC 642.158) N/A

- Are all remains in refrigeration and on site being kept directly off of the floor? (NAC 642.158) N/A

- 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) N/A

- Does it appear that all bodies are being cremated within a reasonable period of time? (NRS 451.020) If no, please make notes below for reasons given by staff. N/A

Notes

Initial inspection. No bodies at this location. Refrigerator on the right is in operation. Refrigerator on the left is not going to be used and will be replaced. Refrigerator is clean at the time of the inspection. The retort is also clean of any cremains.

Photo of outside of refrigeration unit



Photo of temperature reading





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Crematory Inspection Checklist

Date: 01/24/2024

Photo of inside of refrigeration



New Photo
 New Photo
 New Photo

CONTAINERS

Do all containers used cover the human remains completely when closed? (NRS 451.670) Yes
 Do all containers used resist leaking or spilling? (NRS 451.670) Yes
 Are all containers rigid enough for easy handling or supported during transport if alkaline hydrolysis is used? (NRS 451.670) Yes
 Notes
 Photo of containers





Crematory Inspection Checklist

Date: 01/24/2024

Photo



DONOR ORGANIZATIONS

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

Does the location cremate body parts? No

Notes

They will not cremate body parts.

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



Crematory Inspection Checklist

Date: 01/24/2024

Notes

Form is blank since they are not in operation.

MAINTENANCE OF RECORDS

Is the crematory maintaining records for at least 7 years? (NAC 451.200)	N/A
Does the crematory keep a record of each authorization received? (NRS 451.665)	N/A
Does the crematory keep a record of the name of each person whose human remains are received? (NRS 451.665)	N/A
Does the crematory keep a record of the date and time of receipt of remains? (NRS 451.665)	N/A
Does the crematory keep a record of the description of the container in which the remains are received? (NRS 451.665)	N/A
Does the crematory keep a record of the date of cremation? (NRS 451.665)	N/A
Does the crematory keep a record of the final disposition of the cremated remains? (NRS 451.665)	N/A
Do records generally appear to be in good order?	N/A
If records are not kept on-site, location where records are stored:	Will be stored on-site

Notes

They provided an intake and cremation log. One and the same document.
 Photo of cremation log





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Crematory Inspection Checklist

Date: 01/24/2024

Photo of intake log



DELIVERY AND TRANSPORTATION OF CREMATED REMAINS

Does the crematory keep a record of receipts for delivery of cremated remains? (NRS 451.690)	N/A
Do receipts for delivery of cremated remains contain the name of the person receiving the remains? (NRS 451.690)	N/A
Do receipts for delivery of cremated remains contain the date, time and place of receipt of the remains? (NRS 451.690)	N/A
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
Are temporary urns marked with the name of the operator of the crematory? (NRS 451.690)	Yes

Notes

They had sample urn with required wording.



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Crematory Inspection Checklist

Date: 01/24/2024

Photo of temporary urn



Photo of temporary urn label



INSPECTION INFORMATION

Date of Inspection: 01/16/2024
 Time of Inspection: 10:50 AM
 Type of Inspection: Initial
 Name of Inspector: Dr. Wayne A. Fazzino
 Signature of Inspector:

Name of Agency Representative at Time of Inspection: Dr. Marlon Williams
 Signature of Agency Representative at Time of Inspection:



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Crematory Inspection Checklist

Date: 01/24/2024

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

No

Notes

Photo

Photo



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RECEIVED
 JAN 17 2024

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Cremation Society of Nevada - Capitol City		Permit #: EST124
Physical address: 1614 North Curry Street		
City: Carson City	State: Nevada	Zip Code: 89703
Phone Number: 775-882-1766	E-mail Address: info@funeraltrust.org	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) PO Box 2462		
City: Reno	State: Nevada	Zip Code: 89505

Proposed New Managing Funeral Director Information

Name: Carlen Sue Thomas	License # FD861	Proposed Start Date: 1/16/2024
Physical Home Address: [REDACTED] 17.6 miles from facility. SBM		
City: Dayton	State: Nevada	Zip Code: 89403
Phone Number: [REDACTED]	E-mail Address: cthomas@funeraltrust.org	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	---	-----------------------------

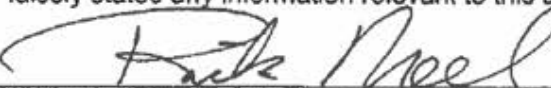
Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: In Process			Permit #:	
Physical address:	City:	State:	Zip	
2. Name of Location: In Process			Permit #:	
Physical address:	City:	State:	Zip	

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.


Signature of Authorized Representative of Location

1/16/2024

Date

Rick Noel
Print Name

Owner

Title


Signature of Proposed New Managing Funeral Director


1/16/2024

Date

Carlen Sue Thomas
Print Name

Credit Card Payment Information

Payment Method

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

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.

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$ 112124	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:	2874	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



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RECEIVED
 DEC 12 2023

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

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- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Cremation Society of Nevada - Affinity		Permit #: EST123
Physical address: 644 South Wells Avenue		
City: Reno	State: Nevada	Zip Code: 89502
Phone Number: 775-322-9200		E-mail Address: info@funeraltrust.org

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)
PO Box 2462

City: Reno	State: Nevada	Zip Code: 89505
----------------------	-------------------------	---------------------------

Proposed New Managing Funeral Director Information

Name: Kenneth Bowman	License # FD806	Proposed Start Date: 01/01/2024
Physical Home Address: [Redacted] 17 miles from facility. SBM		
City: Reno	State: Nevada	Zip Code: 89508
Phone Number: [Redacted]		E-mail Address: kbowman@funeraltrust.org

Does the proposed new managing Funeral Director reside within 120 miles of the location? Yes No

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other? N/A Yes No

Request for Approval of Managing Funeral Director

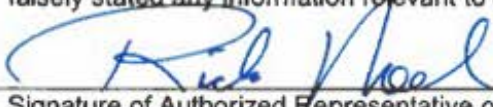
Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: Application In Process		Permit #:	
Physical address:	City:	State:	Zip

2. Name of Location: Application In Process		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.


 Signature of Authorized Representative of Location

12/06/2023
 Date

Rick Noel
 Print Name

Owner
 Title



 Signature of Proposed New Managing Funeral Director

12-7-23
 Date

Kenneth Bowman
 Print Name

Credit Card Payment Information

Payment Method

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

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.

For Board Use Only:

<input type="checkbox"/> Date Received:	<u>12/17/2023</u>	<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$ <u>285</u>	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:	<u>29458</u>	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



STATE OF NEVADA
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RECEIVED

DEC 12 2023

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Cremation Society of Nevada - John Sparks		Permit #: EST125
Physical address: 644 Pyramid Way		
City: Sparks	State: Nevada	Zip Code: 89431
Phone Number: 775-331-1112	E-mail Address: info@funeraltrust.org	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) PO Box 2462		
City: Reno	State: Nevada	Zip Code: 89505

Proposed New Managing Funeral Director Information

Name: Kenneth Bowman	License # FD806	Proposed Start Date: 01/01/2024
Physical Home Address: [Redacted] 17 miles from facility		
City: Reno	State: Nevada	Zip Code: 89508
Phone Number: [Redacted]	E-mail Address: kbowman@funeraltrust.org	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	---	-----------------------------

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: Application In Process		Permit #:	
Physical address:	City:	State:	Zip

2. Name of Location: Application In Process		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.


 Signature of Authorized Representative of Location

12/06/2023

Date

Rick Noel

Owner

Print Name

Title


 Signature of Proposed New Managing Funeral Director

12-7-23


Date

Kenneth Bowman

Print Name

Credit Card Payment Information

Payment Method

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

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.

For Board Use Only:

<input type="checkbox"/> Date Received:	12.12.2023	<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$ 225	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:	25458	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



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/>

RECEIVED
 DEC 12 2023

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Cremation Society of Nevada - Northern Nevada		Permit #: EST126
Physical address: 8056 South Virginia Street #3		
City: Reno	State: Nevada	Zip Code: 89511
Phone Number: 775-322-2772	E-mail Address: info@funeraltrust.org	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) PO Box 2462		
City: Reno	State: Nevada	Zip Code: 89505

Proposed New Managing Funeral Director Information

Name: Kenneth Bowman	License # FD806	Proposed Start Date: 01/01/2024
Physical Home Address: [Redacted] 22 miles from facility. SBM		
City: Reno	State: Nevada	Zip Code: 89508
Phone Number: [Redacted]	E-mail Address: kbowman@funeraltrust.org	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	---	-----------------------------

Request for Approval of Managing Funeral Director


Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: Application In Process		Permit #:	
Physical address:	City:	State:	Zip

2. Name of Location: Application In Process		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.


 Signature of Authorized Representative of Location

12/06/2023

Date

Rick Noel

Owner

Print Name

Title



12-7-23

Signature of Proposed New Managing Funeral Director


Date

Kenneth Bowman

Print Name

Credit Card Payment Information

Payment Method

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

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.

For Board Use Only:

<input type="checkbox"/> Date Received:	12/12/23	<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$ 225	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:	25458	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



**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/>

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Desert Memorial		Permit #: EST 133
Physical address: 1111 Las Vegas Blvd. N.		
City: Las Vegas	State: NV	Zip Code: 89166
Phone Number: 702-382-1000	E-mail Address: jalcataeserenityandcompany.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 8138 Crushed Velvet A		
City: Las Vegas	State: NV	Zip Code: 89166

Proposed New Managing Funeral Director Information

Name: Christopher Walters		License #: 64	Proposed Start Date: 12-7-23
Physical Home Address: [REDACTED]		17.7 miles from facility. SBM	
City: Las Vegas	State: NV	Zip Code: 89166	
Phone Number:	E-mail Address:		

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	---	-----------------------------

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director			
1. Name of Location: <u>Sunrise Cremation</u>		Permit #:	
Physical address: <u>401 Max Ct.</u>	City: <u>Henderson</u>	State: <u>NV</u>	Zip: <u>89011</u>
2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip:

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

Chris Walters
Signature of Authorized Representative of Location

12-7-23
Date

Chris Walters
Print Name

Funeral Director
Title

Chris Walters
Signature of Proposed New Managing Funeral Director

12-7-23
Date

Chris Walters
Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 450.00

Name on Credit Card: Edward P Pena

Credit Card Number: [REDACTED] 3247

Expiration Month/Year: 09 / 26

Billing Address: [REDACTED]

Billing City, State & Zip: Visalia, CA 93292

Email for Receipt: cow1970@gmail.com

Authorization Signature: Chris Walters

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

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: MFD Change for Desert and Sunrise
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Edward Pena
2937 S. Edison Str
Visalia, California 93292

cpw1970@gmail.com

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 450.00

Payment Information

Date/Time: 07-Dec-2023 15:56:37 PST
Transaction ID: 120161108024
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 09130C
Payment Method: Visa XXXX3247



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/>

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Desert Memorial Cremation and Burial		Permit #: EST133
Physical address: 1111 N. Las Vegas Blvd		
City: Las Vegas	State: Ca	Zip Code: 89101
Phone Number: 702-382-1000	E-mail Address:	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)
1111 N. Las Vegas Blvd

City: Las Vegas	State: NV	Zip Code: 89101
---------------------------	---------------------	---------------------------

Proposed New Managing Funeral Director Information

Name: Scott Shade	License # FD1014	Proposed Start Date: 1/9/2024
Physical Home Address: <div style="background-color: black; width: 150px; height: 15px; display: inline-block;"></div> 17.5 miles from facility. SBM		
City: Las Vegas	State: NV	Zip Code: 89166
Phone Number: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>	E-mail Address: sshade@serenityandcompany.com	

Does the proposed new managing Funeral Director reside within 120 miles of the location? Yes No

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other? N/A Yes No

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip
2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

Christopher Walters

Signature of Authorized Representative of Location

1-9-24

Date

Christopher Walters

Print Name

Funeral Director

Title

Scott Shade

Signature of Proposed New Managing Funeral Director

1/9/24

Date

Scott Shade

Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 225.00
 Name on Credit Card: Anthem Serenity Operation
 Credit Card Number: [REDACTED] 7912
 Expiration Month/Year: 08/28
 Billing Address: 3001 Dallas Parkway Ste 210
 Billing City, State & Zip: Frisco, TX 75034
 Email for Receipt: jalcala@serenityandcompany.com
 Authorization Signature: *Christopher Walters*

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

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



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/>

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Kraft Sussman Funeral & Cremation Services		Permit #: EST130
Physical address: 3975 S Durango Drive Suite 104		
City: Las Vegas	State: Nevada	Zip Code: 89147
Phone Number: 702-485-6500	E-mail Address: brian.curnow@sharelife.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 3975 S Durango Drive Suite 104		
City: Las Vegas	State: Nevada	Zip Code: 89147

Proposed New Managing Funeral Director Information

Name: Chris Grant	License # FD 920	Proposed Start Date: 1-16-24
Physical Home Address: [REDACTED] 25.3 miles from facility. SBM		
City: Henderson	State: NV	Zip Code: 89011
Phone Number: [REDACTED]	E-mail Address: Chris.Grant@mcdermotthfuneralservice.com	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip:

2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip:

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

Signature of Authorized Representative of Location <i>[Signature]</i>	1-14-24
Print Name Josiah Anaya	Date 1-14-24
Print Name	Title Market Leader

Designated by: <i>[Signature]</i> 00596317E2E4E8	Date 1-16-24
Signature of Proposed New Managing Funeral Director <i>[Signature]</i>	Title
Print Name Chris Grant	Date

Credit Card Payment Information

Payment Method

VISA
 
 
 DISC VER

Amount:	\$225.00	Called for new
Name on Credit Card:	Brian J Curnow	number. BC gave me
Credit Card Number:	[REDACTED]	card # ending in 1982.
Expiration Month/Year:	05/28	SBM 01.16.2024
Billing Address:	369 N New York Ave. Ste. #300	Billing address for
Billing City, State & Zip:	Winter Park, Florida 32789	this card is 4901
Email for Receipt:	brian.curnow@sharelife.com	Vineland Rd #300,
Authorization:	<i>[Signature]</i>	Orlando, FL 32811
Signature:		

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

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	

From: [Brian Curnow](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Managing Director Information for Kraft Sussman and Vegas Valley Cremation
Date: Tuesday, January 16, 2024 1:50:30 PM
Attachments: [EXTERNAL Message from KM_C360i.msg](#)

Stephanie,

Attached are the documents. Please let me know if you need anything else.

Once again, thank you for all of your help with this!

Brian

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
 Suite 201
 RENO, NV 89509
 US

775-825-5535

Order Information

Description: Kraft Sussman MFD Rqst 01.16.2024
 Order Number: P.O. Number:
 Customer ID: Invoice Number:

Billing Information

Brian Curnow
 4901 Vineland Rd #300
 Orlando, FL 32811

brian.curnow@sharelife.com

Shipping Information

Shipping: 0.00
 Tax: 0.00
Total: USD 225.00

Payment Information

Date/Time: 16-Jan-2024 15:49:14 PST
 Transaction ID: 120231032775
 Transaction Type: Authorization w/ Auto Capture
 Transaction Status: Captured/Pending Settlement
 Authorization Code: 070030
 Payment Method: MasterCard XXXX1982



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: exfuneralboard@fb.nv.gov • Website: <http://fbnecsl.org/>

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: LA ETERNIDAD FUNERAL HOME		Permit #: BT 134
Physical address: 4305 N. RANCHO		
City: LAS VEGAS	State: NV	Zip Code: 89130
Phone Number: (702) 741-4400	E-mail Address: [redacted]	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)
4305 N. RANCHO

City: LAS VEGAS	State: NV	Zip Code: 89130
---------------------------	---------------------	---------------------------

Proposed New Managing Funeral Director Information

Name: Raymond Louis Ciddens Jr.	License #: FD 703	Proposed Start Date: 1/1/2014
Physical Home Address: [redacted] 18 miles from facility, SBM		
City: Las Vegas	State: Nevada	Zip Code: 89110
Phone Number: [redacted]	E-mail Address: rayjr@ciddensinc.com	

Does the proposed new managing Funeral Director reside within 120 miles of the location? Yes No

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other? N/A Yes No

Request for Approval of Managing Funeral Director



Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location:		Permit #:	
Physical address:		State:	Zip:
City:			
2. Name of Location:		Permit #:	
Physical address:		State:	Zip:
City:			

RG is the MFD for Beverly's Memorial Chapel. SBM 12.28.2023

Declaration of Applicant


I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

	12/23/23
Signature of Authorized Representative of Location	Date
Kenneth Cevallos	CEO
Print Name	Title
	12/23/23
Signature of Proposed New Managing Funeral Director	Date
Ronald Giddens Jr	
Print Name	

Credit Card Payment Information

Payment Method

VISA
 MasterCard
 American Express
 Discover

Amount: \$ 225.00
 Name on Credit Card: Kenneth Cevallos
 Credit Card Number: [REDACTED] 2051
 Expiration Month/Year: 11/27
 Billing Address: 4835 W Rancho Dr
 Billing City, State & Zip: Las Vegas, NV 89130
 Email for Receipt: ekernidad702@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.

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	

From: [kenneth Ceballos](#)
To: [Nevada Funeral and Cemetery Services Board](#); [Stephanie McGee](#); ceballoskenneth13@gmail.com
Subject: La Eternidad Funeral Home
Date: Wednesday, December 27, 2023 10:42:04 AM
Attachments: [La Eternidad Funeral Home \(1\).pdf](#)

Hello Please review my request. Any questions please contact my cell at any time.

Happy Holidays
Kenneth Ceballos
818)693-0554

KC



Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
 Suite 201
 RENO, NV 89509
 US

775-825-5535

Order Information

Description: La Eternidad EST134 MFD Change Req
 Order Number: P.O. Number:
 Customer ID: Invoice Number:

Billing Information

Kenneth Ceballos
 4305 N Rancho Dr
 Las Vegas, Nevada 89130

eternidad702fh@gmail.com

Shipping Information

Shipping: 0.00
 Tax: 0.00
Total: USD 225.00

Payment Information

Date/Time: 28-Dec-2023 12:13:09 PST
 Transaction ID: 120196374038
 Transaction Type: Authorization w/ Auto Capture
 Transaction Status: Captured/Pending Settlement
 Authorization Code: 076955
 Payment Method: Visa XXXX2051



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Sunrise Cremation		Permit #: DC101
Physical address: 401 Max Ct		
City: Henderson	State: NV	Zip Code: 89011
Phone Number: 702-856-0046	E-mail Address: jalccla@serenityandcompany.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)
8138 Crushed Velvet Pl

City: Las Vegas	State: NV	Zip Code: 89166
---------------------------	---------------------	---------------------------

Proposed New Managing Funeral Director Information

Name: Christopher Walters	License #: 64	Proposed Start Date: 12-7-23
Physical Home Address: [REDACTED]		29.8 miles from facility. SBM
City: Las Vegas	State: NV	Zip Code: 89166
Phone Number: [REDACTED]	E-mail Address: [REDACTED]	

Does the proposed new managing Funeral Director reside within 120 miles of the location? Yes No

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other? N/A Yes No

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: <u>Desert Memorial</u>		Permit #: <u>EST 33</u>	
Physical address: <u>1111 Las Vegas Blvd N</u>	City: <u>Las Vegas</u>	State: <u>NV</u>	Zip: <u>89166</u>
2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip:

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

Chris Walters
Signature of Authorized Representative of Location

12-7-23
Date

Chris Walters
Print Name

Funeral Director
Title

Chris Walters
Signature of Proposed New Managing Funeral Director

12-7-23
Date

Chris Walters
Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 225.00

Name on Credit Card: Edward P Pena

Credit Card Number: [REDACTED] 3247

Expiration Month/Year: 09/26

Billing Address: [REDACTED]

Billing City, State & Zip: Visalia CA 93292

Email for Receipt: cpw1970@gmail.com

Authorization Signature: Chris Walters

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

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: MFD Change for Desert and Sunrise
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Edward Pena
2937 S. Edison Str
Visalia, California 93292

cpw1970@gmail.com

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 450.00

Payment Information

Date/Time: 07-Dec-2023 15:56:37 PST
Transaction ID: 120161108024
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 09130C
Payment Method: Visa XXXX3247



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/>

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form: Request forms are required to be completed in full.
- Fee: A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Sunrise Cremation Society		Permit #: EST DC101L
Physical address: 401 Max Ct		
City: Henderson	State: Nv	Zip Code: 89011
Phone Number: 702-856-0046	E-mail Address:	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 401 Max Ct		
City: Henderson	State: NV	Zip Code: 89011

Proposed New Managing Funeral Director Information

Name: Scott Shade	License # FD1014	Proposed Start Date: 1 9 2024
Physical Home Address: [Redacted] 29.7 miles from facility. SBM		
City: Las Vegas	State: NV	Zip Code: 89166
Phone Number: [Redacted]	E-mail Address: sshade@serenityandcompany.com	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	---	-----------------------------

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director			
1. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip:
2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip:

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

Christopher Walter
 Signature of Authorized Representative of Location

1-9-24
 Date

Christopher Walter
 Print Name

Funeral Director
 Title

Scott Shade
 Signature of Proposed New Managing Funeral Director

1/9/24
 Date

Scott Shade
 Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 335.06
 Name on Credit Card: Anthem Serenity Operation
 Credit Card Number: [REDACTED] 9912
 Expiration Month/Year: 03/28
 Billing Address: 300 Dallas Parkway Ste 310
 Billing City, State & Zip: Frisco, TX 75034
 Email for Receipt: jalcala@serenityandcompany.com
 Authorization Signature: *Christopher Walter*

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

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Vegas Valley Cremation		Permit #: 98
Physical address: 6362 McLeod Dr. #3		
City: Las Vegas	State: Nevada	Zip Code: 89120
Phone Number: 702-208-9144	E-mail Address: brian.curnow@sharelife.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 6362 McLeod Dr. #3		
City: Las Vegas	State: Nevada	Zip Code: 89120

Proposed New Managing Funeral Director Information

Name: Chris Grant	License # FD 920	Proposed Start Date: 1-16-24
Physical Home Address: [REDACTED] 9 miles from facility. SBM		
City: Henderson	State: NV	Zip Code: 89011
Phone Number: [REDACTED]	E-mail Address: Chris.Grant@mcdermottfuneral.com	

Does the proposed new managing Funeral Director reside within 120 miles of the location? Yes No

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other? N/A Yes No

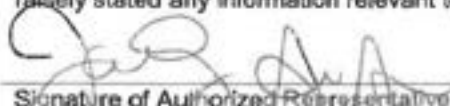
STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director			
1. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip
2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.


 Signature of Authorized Representative of Location
Josiah Anaya

1-14-24
 Date
Market Leader
 Title


Print Name


 Signature of Proposed New Managing Funeral Director
Chris Grant
 Print Name

1-16-24
 Date

Credit Card Payment Information

Payment Method

Amount: \$225.00
 Name on Credit Card: Brian J Curnow
 Credit Card Number: [REDACTED]
 Expiration Month/Year: 05/28
 Billing Address: 369 N New York Ave. Ste. #300
 Billing City, State & Zip: Winter Park, Florida 32789
 Email for Receipt: brian.curnow@sharelife.com
 Authorization Signature: 

Card declined. Called for new number. BC provided a card ending in 1982 with a billing address at 4901 Vineland Rd #300, Orlando, FL 32811. SBM 01.16.2024

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

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	

From: [Brian Curnow](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Managing Director Information for Kraft Sussman and Vegas Valley Cremation
Date: Tuesday, January 16, 2024 1:50:30 PM
Attachments: [EXTERNAL Message from KM_C360i.msg](#)

Stephanie,

Attached are the documents. Please let me know if you need anything else.

Once again, thank you for all of your help with this!

Brian

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: Vegas Valley MFD Reqst 01.16.2024
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Brian Currow
4901 Vineland Rd #300
Orlando, FL 32811

Shipping Information

brian.currow@shandife.com

Shipping: 0.00
Tax: 0.00
Total: USD 225.00

Payment Information

Date/Time: 16-Jan-2024 15:45:30 PST
Transaction ID: 120231027684
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 068335
Payment Method: MasterCard XXXX1582



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/>

RECEIVED

JAN 17 2024

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form:** Request forms are required to be completed in full.
- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Walton's Funerals & Cremations		Permit #: EST117
Physical address: 1521 Church Street		
City: Gardnerville	State: Nevada	Zip Code: 89410
Phone Number: 775-783-9312	E-mail Address: info@funeraltrust.org	

Preferred Mailing Address

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

PO Box 2462		
City: Reno	State: Nevada	Zip Code: 89505

Proposed New Managing Funeral Director Information

Name: Carlen Sue Thomas	License # FD861	Proposed Start Date: 1/16/2024
Physical Home Address: [REDACTED] 33.2 miles from facility. SBM		
City: Dayton	State: Nevada	Zip Code: 89403
Phone Number: [REDACTED]	E-mail Address: cthomas@funeraltrust.org	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	---	-----------------------------

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: In Process		Permit #:	
Physical address:	City:	State:	Zip

2. Name of Location: In Process		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

Rick Noel _____ 1/16/2024
Signature of Authorized Representative of Location Date

Rick Noel _____ Owner
Print Name Title

Carlen Sue Thomas _____ 1/16/2024
Signature of Proposed New Managing Funeral Director Date

Carlen Sue Thomas _____
Print Name

Credit Card Payment Information

Payment Method

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

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.

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$ 117124 225	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:	25794	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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RECEIVED
 JAN 17 2024

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

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- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Walton's Funerals & Cremations - Chapel of the Valley		Permit #: EST118
Physical address: 1281 North Roop Street		
City: Carson City	State: Nevada	Zip Code: 89706
Phone Number: 775-882-4965	E-mail Address: info@funeraltrust.org	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) PO Box 2462		
City: Reno	State: Nevada	Zip Code: 89505

Proposed New Managing Funeral Director Information

Name: Carlen Sue Thomas		License # FD861	Proposed Start Date: 1/16/2024
Physical Home Address: [Redacted] 17 miles from facility. SBM			
City: Dayton	State: Nevada	Zip Code: 89403	
Phone Number: [Redacted]	E-mail Address: cthomas@funeraltrust.org		

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: In Process		Permit #:	
Physical address:	City:	State:	Zip

2. Name of Location: In Process		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

Rick Noel

 Signature of Authorized Representative of Location

Rick Noel

 Print Name

1/16/2024

 Date

Owner

 Title

Carlen Sue Thomas

 Signature of Proposed New Managing Funeral Director

Carlen Sue Thomas

 Print Name

1/16/2024

 Date

Credit Card Payment Information

Payment Method

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

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.

For Board Use Only:			
<input type="checkbox"/> Date Received:	<u>1/17/2024</u>	<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$ <u>225</u>	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:	<u>25794</u>	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



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/>

RECEIVED
 DEC 12 2023

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

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- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Walton's Funerals & Cremations - Sparks		Permit #: EST122
Physical address: 1745 Sullivan Lane		
City: Sparks	State: Nevada	Zip Code: 89431
Phone Number: 775-359-2210	E-mail Address: info@funeraltrust.org	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) P. O. Box 2462		
City: Reno	State: Nevada	Zip Code: 89505

Proposed New Managing Funeral Director Information

Name: Blake M. Howe	License # FD622	Proposed Start Date: 01/01/2024
Physical Home Address: [REDACTED] 12 miles from facility. SBM		
City: Reno	State: Nevada	Zip Code: 89523
Phone Number: [REDACTED]	E-mail Address: bhowe@funeraltrust.org	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	---	-----------------------------

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location: Walton's Funerals and Cremations - Sierra Chapel		Permit #: EST121	
Physical address: 875 West Second Street	City: Reno	State: NV	Zip 89503

2. Name of Location: Walton's Funerals and Cremations - O'Brien-Rogers and Crosby		Permit #: EST119	
Physical address: 600 West Second Street	City: Reno	State: NV	Zip 89503

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.


Signature of Authorized Representative of Location

12/6/2023

Date

Rick Noel
Print Name

Owner

Title


Signature of Proposed New Managing Funeral Director


12/6/2023

Date

Blake M. Howe
Print Name

Credit Card Payment Information

Payment Method

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

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.

For Board Use Only:

<input type="checkbox"/> Date Received:	12/12/2023	<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$ 225	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:	25386	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:	(12/7 App)	<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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Request for Approval of Managing Funeral Director

Information

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Required Documents

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- Fee:** A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location: Tulip Cremations		Permit #: DC 100
Physical address: 3975 S. Durango Dr. #108		
City: Las Vegas	State: NV	Zip Code: 89147
Phone Number: 415-794-3033	E-mail Address: info@kraftsussman.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 3975 S. Durango Dr. #104		
City: Las Vegas	State: NV	Zip Code: 89147

Proposed New Managing Funeral Director Information

Name: Margarita Rojas	License # FD 946	Proposed Start Date: 01-15-2024
Physical Home Address: [REDACTED] 18 miles from facility. SBM		
City: Las Vegas	State: NV	Zip Code: 89110
Phone Number: 702-569-3706	E-mail Address: [REDACTED]	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	------------------------------	-----------------------------

STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD

Request for Approval of Managing Funeral Director

Additional Locations Managed by Proposed Managing Funeral Director			
1. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip
2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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 relevant to this application.

DocuSigned by:  Signature of Authorized Representative of Location margarita rojas Print Name	01-15-2024 Date Market Leader Title
DocuSigned by:  Signature of Proposed New Managing Funeral Director Josiah Anaya Print Name	01-15-204 Date

Credit Card Payment Information

Payment Method

Amount: \$225.00
 Name on Credit Card: Josiah L. Anaya
 Credit Card Number: [Redacted] 1636
 Expiration Month/Year: 07/26
 Billing Address: [Redacted]
 Billing City, State & Zip: [Redacted]
 Email for Receipt: josiah.anaya@foundtionpartners.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.

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	

From: [Janell Jones](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Cc: [Josiah Anaya](#)
Subject: Request for Approval of Managing Funeral Director
Date: Friday, January 19, 2024 3:48:30 PM
Attachments: [Tulip Cremations Req for Approval of Mang FD.pdf](#)

Good Afternoon,

I am emailing a Request for Approval of Managing Funeral Director for Tulip Cremations.

Thank you,
Janell Jones, Lead Administrative Assistant
Phone (702) 463-2406

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
 Suite 201
 RENO, NV 89509
 US

775-825-5535

Order Information

Description: Tulip DC100 MFD Rqst Maggie Rojas 01.22.2024
 Order Number: P.O. Number:
 Customer ID: Invoice Number:

Billing Information

Josiah Anaya
 980 3rd Avenue
 Sacramento, CA 95818

josiah.anaya@foundationpartners.com

Shipping Information

Shipping: 0.00
 Tax: 0.00
Total: USD 225.00

Payment Information

Date/Time: 22-Jan-2024 12:04:20 PST
 Transaction ID: 120241741572
 Transaction Type: Authorization w/ Auto Capture
 Transaction Status: Captured/Pending Settlement
 Authorization Code: 78367D
 Payment Method: Visa XXXX1636

STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

EMBALMER LICENSE RENEWAL 2024

Record ID 195

Date Submitted 1/12/2024

APPLICANT INFORMATION

Full Legal Name Gregory Wayne Marr

Embalmer License# EMB905R

Home Mailing Address

[REDACTED]

Personal Email

[REDACTED]

Personal Phone

[REDACTED]

Place of Employment Mountain View Mortuary

Work Mailing Address 425 Stoker Ave. Reno, NV 89503

Work Phone Number 775-788-2199

Work Email gmarr@mtvm.net

Preferred Contact Home

MILITARY 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? 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? 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? No

CONTINUING EDUCATION

Have you completed at least 12 hours of approved continuing education pursuant to NRS 642.416 and/or NRS 642.120? Yes

LEGAL INFORMATION

Since the date your last license was issued, has there been legal or disciplinary action taken against any professional license held in any state for any reason? Yes

Are there any pending legal actions, complaints, investigations or hearings concerning you in process? Yes

Since the date your last license was issued, have you had a professional license, certification or registration denied, restricted, suspended, or revoked? Yes

Since the date the last license was issued, have you relinquished or surrendered any license, permit or certificate while under investigation, or after initiation of a disciplinary proceeding? Yes

Since the date your last license was issued, have you 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 mailed to the Board to complete the renewal process. Form may be found on the Board website. No

CHILD SUPPORT

You must select one choice below: 1

- 1 I am not subject to a court order for the support of a child.
- 2 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.
- 3 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.

BUSINESS LICENSE INFORMATION

You must select one choice below: 1

- 1 I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
- 2 I do NOT have a Nevada Business License number and AM required to have one under the provisions of NRS Chapter 76.
- 3 I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

PAYMENT AND CERTIFICATION - CREDIT CARD

First Name (on credit card)	Gregory
Last Name (on credit card)	Marr
Billing Address	[REDACTED]
City, State, Zip	Reno, NV 89506
Authorize.net Transaction ID	120225554767
Authorize.net Approval Code	141895
Authorize.net Response code	Approved



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/>

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:
Gregory Wayne Marr

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

I have an agreement with the Funeral Board of the State of California to surrender my licenses due to some administrative actions taken over the last several years. I believe that the Nevada Board is in possession of a list of these infractions.

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

1/17/24

Date

GREGORY WAYNE MARR

Print Name

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: admin@fb.nv.gov
Website: funeral.nv.gov

DR. RANDY SHARP
Board Chair

JENNIFER KANDT
Executive Director

April 27, 2023

Gregory Wayne Marr
12300 Camel Rock Drive
Reno, NV 89506

Re: Gregory Wayne Marr - Embalmer License No. EMB905R

Dear Gregory Wayne Marr:

The Nevada Funeral and Cemetery Services Board has approved your application for licensure in the State of Nevada. Enclosed you will find your Embalmer License, which is valid April 27, 2023 through December 31, 2023.

To avoid any interruption in licensure, the Board should receive your renewal application and renewal fees prior to license expiration. Renewal applications received after February 1, 2024 will be subject to a late fee.

Pursuant to NRS 642.416 and 642.120, all funeral directors and embalmers must obtain twelve (12) hours of continuing education prior to renewal of the license. A continuing education FAQ sheet is enclosed for your reference.

Thank you for your hard work in complying with the standards of the State of Nevada Funeral and Cemetery Services Board. We look forward to the benefit of your service in this community.

Best regards,

A handwritten signature in black ink, appearing to read "JK" or "JKT", with a small "mp" written below it.

Jennifer Kandt
Executive Director

Enclosures

FUNERAL AND CEMETERY SERVICES BOARD



State of Nevada **EMBALMER**

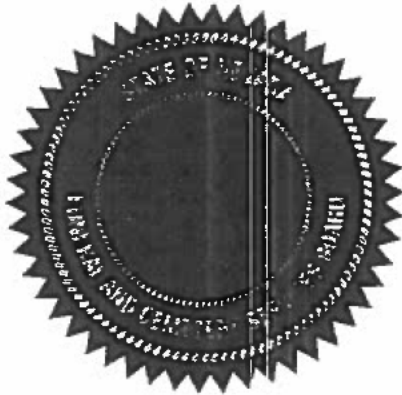
Gregory Wayne Marr

License Number: EMB905R Effective Date: 4/27/2023 Expiration Date: 12/31/2023

In accordance with Chapter 642 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted this Embalmer License within the State of Nevada.

This Embalmer License shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with the laws, rules, and regulations of the Board.

IN WITNESS WHEREOF, the signature of the Board Chair and Secretary, and the official seal of the Nevada Funeral and Cemetery Services Board, are hereto affixed.



A handwritten signature in cursive script, appearing to read "Randy L. Shroy, Board Chair".

Board Chair

Secretary

APR 27 2023

STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD
Application and Instructions for Reciprocal Embalmer Licensure

EMB 905 R

Applicant Information

Full Legal Name:
Gregory Wayne Marr

Home Mailing Address: [Redacted] City: **Reno** State: **NV** Zip: **89506**

Phone Number: Home Cell **530-927-8876** Personal E-mail Address: **gmarr70@gmail.com**

Social Security Number: [Redacted] Date of Birth: [Redacted] Sex: Male Female

Citizenship: US Citizen Authorized to Work in the US Place of Birth: **Brawley, Ca**

List all prior names used by applicant:

Employment Information

Name of Employer:

Work Mailing Address: City: State: Zip:

Phone Number: Work Cell Work E-mail Address:

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:		City:	State:	Zip:
[Redacted]		Reno	NV	89506
Dates of Residence:	From:	To:	<input type="checkbox"/> Own	<input checked="" type="checkbox"/> Rent
	03/01/2023	04/26/2023		
2. Prior Physical Address:		City:	State:	Zip:
[Redacted]		Portola	CA	96122
Dates of Residence:	From:	To:	<input checked="" type="checkbox"/> Own	<input type="checkbox"/> Rent
	12/31/2008	03/01/2023		
3. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
4. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
5. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
6. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
7. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent

Professional Employment History (5 years) – attach additional sheets if necessary

1. Current Employer:		Dates of Employment:		From:	To:
Unemployed					
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

2. Previous Employer:		Dates of Employment:		From:	To:
Manni Funeral Home & Evergreen Crematory				12/31/2008	01/01/2023
Title:	Owner/Operator	Duties:			
Address:		City:	State:	Zip:	
380 Rio Grande Street		Portola	CA	96122	
Phone Number:	530-927-8876	Fax #:			

3. Previous Employer:		Dates of Employment:		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

4. Previous Employer:		Dates of Employment:		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

5. Previous Employer:		Dates of Employment:		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

Examination of Applicant

Verification of successful completion of testing through The International Conference must be complete prior to issuance of license. If applicant has taken and passed the National Board Exam – Science Section, only the Nevada Law, Rule and Regulation Exam is required.

Have you taken and passed the National Board Exam-Science Section (NBE-Science)?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date NBE-Science exam was taken:	07/13/1990	Score:	77.2		
Have you taken and passed the Nevada Law, Rule and Regulation Exam (NVLRR)?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date NVLRR exam was taken:	04/24/2023	Score:	84		

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.

Embalming Experience			
Have you successfully practiced embalming for at least five years?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Have you been actively practicing embalming for two of the last five years immediately preceding this application?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No

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? <i>If yes, please list all licenses below.</i>		<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
Have you ever been licensed or are you currently licensed in this State or any other state for any profession? <i>If yes, please list all licenses below.</i>		<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
State/Jurisdiction	License Type	License #	Date of Issue
California	Embalmer	8103	12/14/1992

Education Requirements – attach additional sheets if necessary.			
Have you graduated from an embalming college or school of mortuary science which is accredited by the International Conference of Funeral Service Examining Boards? <i>(Transcripts or proof of graduation required.)</i>		<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

List all colleges and universities, attended and number of credits earned at each institution. Additionally, official transcripts from each institution must be sent to the Board for verification of attendance and/or graduation.

Name of School:		Dates of Attendance:		From:	To:
Kansas City Kansas Community College					
Address:			City:	State:	Zip:
7250 State Ave			Kansas City	KS	66112
Phone Number:		E-mail Address:			
913-334-1100					
Degree:	Major:	Number of Semester/Quarter hours obtained:			
Associates of Science	Mortuary Science				

Name of School:		Dates of Attendance:		From:	To:
Address:			City:	State:	Zip:
Phone Number:		E-mail Address:			
Degree:	Major:	Number of Semester/Quarter hours obtained:			

Name of School:		Dates of Attendance:		From:	To:
Address:			City:	State:	Zip:
Phone Number:		E-mail Address:			
Degree:	Major:	Number of Semester/Quarter hours obtained:			

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are you currently a spouse of an active military service member?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Nevada Business License Information- Please Check ONE appropriate answer.	
<input checked="" type="checkbox"/>	I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
<input checked="" type="checkbox"/>	I do NOT have a Nevada Business License number and AM required to have one under the provisions of NRS Chapter 76.
<input type="checkbox"/>	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.	
<input checked="" type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning you in process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever had any professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you?	<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>		
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.) <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

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

04/26/2023

Date

Gregory W. Marr

Print Name



Applicant Photo – (Attach a 2" x 2" photo)

For Board Use Only:

Date Received:	<u>4/27/23</u>	Amount Paid:	<u>\$ 375-</u>	Ref. #:	<u>64334740206</u>
Approved:	<u>4/27/23</u>	Issue Date:	<u>4/27/23</u>	Lic #:	<u>Em B905R</u>
Denied/Withdrawn:	<u>—</u>	Date Mailed:	<u>4/27/23 Hand deliver. p/u.</u>		

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: Reciprocal Embalmer License Application
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Gregory Marr
12300 Camel Rock Drive
Reno, NV 89506

gmarr70@gmail.com

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 375.00

Payment Information

Date/Time: 27-Apr-2023 08:41:45 PDT
Transaction ID: 64334740206
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 07828Z
Payment Method: MasterCard XXXX2271



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

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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:

Gregory W. Marr

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

I had a complaint filed in 2021 against my crematory from the Northern Sierra Air Quality District for failing to renew my permit. An investigation was made by the California Cemetery and Funeral Bureau, and I was fined a fee. I also was fined by the Air Quality District as well. After paying both fines, my permit was renewed with no legal action taken.

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

04/26/2023

Date

Gregory W. Marr

Print Name

CEMETERY AND FUNERAL BUREAU LICENSING DETAILS FOR: 8103

NAME: MARR, GREGORY WAYNE

LICENSE TYPE: EMBALMER

LICENSE STATUS: CLEAR

ADDRESS: NOT DISCLOSED

ISSUANCE DATE

DECEMBER 14, 1992

EXPIRATION DATE

DECEMBER 31, 2023

CURRENT DATE / TIME

APRIL 27, 2023
9:27:11 AM



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/>

CLEAR

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:

National Institute of Funeral Service

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

11 Tall Pines Lane

City:

Nesconset

State:

NY

Zip Code:

11767

Phone Number:

631-680-0990

E-mail Address:

tlentz@nationalinstituteofs.com

Continuing Education Provider:

Name:

Tracy Lentz

Address:

S/A/A

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Continuing Education Approval Form

Course, Presentation or Activity:		
Title: Ethics in the Funeral World		
Date(s) of Presentation: 12/6/2023	Time(s): 11am-1pm	Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes) 2 hours
Location of Presentation: Live Webinar via Zoom		
City:	State:	Zip Code:
<input checked="" 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
Tracy Lentz	President-National Inst. of Funeral Serv.

Outline of Course: Please provide a general outline of the course content.
Tracy Lentz - National Institute of Funeral Service Title: Ethics in the Funeral World. CEU' s: 2 Contact Hours - Webinar Subject Description: This outline is a survey of professional ethics and their relation to funeral service. Proper training in ethics increases awareness of the need to build trust and rapport. This knowledge will help funeral practitioners do what is proper and in the best interest of those we serve while maintaining the public trust.

Declaration
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 relevant to this approval form. I hereby give permission to the Funeral and Cemetery Services Board to verify any information provided and obtain any additional documentation or information needed to verify my qualifications or good moral character.
Signature _____ Date _____
11/17/202 Tracy M. Lentz
Print Name

For Board Use Only:

CE Approval Date:	CE Approved Hours:
-------------------	--------------------

From: [Tracy Lentz](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: CEU Approval
Date: Friday, November 17, 2023 6:01:56 AM
Attachments: [Ethics in the Funeral World Nevada.docx](#)
[ContinuingEducationApproval form Nevada.pdf](#)
[Tracy M. Lentz CV 1.pdf](#)

Hello,

I hope all is well. Please see the attached application to present CEU's. Have a great day.

Regards,

Tracy M. Lentz
President/CEO
National Institute of Funeral Service
4 Union Park Road
Suite 15
Topsham, ME 04086
www.Nationalinstituteofs.com
207-579-4985

Tracy Lentz - National Institute of Funeral Service

Title: Ethics in the Funeral World.

CEU's: 2 Contact Hours – Webinar

Subject Description: This outline is a survey of professional ethics and their relation to funeral service. Proper training in ethics increases awareness of the need to build trust and rapport. This knowledge will help funeral practitioners do what is proper and in the best interest of those we serve while maintaining the public trust.

Course Objective to: Define ethics and terms associated with ethical issues and practices; Outline the foundation of ethics; Identify sources of ethics; Differentiate between legal and ethical issues; Apply a standard of ethical behavior in personal and professional conduct; Distinguish between ethical and unethical funeral service practices.

Outline:

I. Foundation of ethics

A. Development

1. Philosophy

- a. Utilitarian ethics
- b. Deontological ethics
- c. Virtue ethics

2. Religion

3. Secular

4. Values

5. Code of ethics

- a. Historical (Golden Rule)
- b. Personal
- c. Situational ethics
- d. Business ethics

B. Theories of moral development

1. Gillian

2. Kohlberg

C. Distinguish between ethics and law

II. Sources of ethics

A. Personal

1. Culture
2. Religion
3. Community
4. Family and relationships
5. Career

B. Professional

1. Model codes of ethics
2. Education
 - a. Formal academics
 - b. Field training
 - c. Continuing education
3. Regulation and legal compliance

III. Funeral service ethics

A. Arrangement conference and services

1. Confidentiality
2. Knowledgeable and factual representations
 - a. Disposition
 - b. Services
 - c. Merchandise and warranties
 - d. Financial aspects
3. Equitable professional service
 - a. Race and/or ethnicity
 - b. Religion
 - c. Lifestyle
 - d. Medical circumstances
 - e. Socioeconomic status
 - f. Culture
4. Confidentiality/privacy issues

- a. Informed consent to capture images
- b. Condition of the deceased and circumstances of death

5. Professional procedures

- a. Care and handling of the deceased
- b. Thoroughness of preparation and disposition
- c. Custody and disposition of personal effects

C. Funeral service operations

1. Human resources

- a. Personal conduct
- b. Training
- c. Continuing education
- d. Proper task assignment of interns/apprentices
- e. Working conditions
- f. Employer – employee
 - (1) Hiring practices
 - (2) Compensation and benefits
- g. Discrimination and harassment

2. Unlicensed personnel

- a. Adherence to ethical principles
- b. Not engaging in tasks reserved for licensees

3. Accuracy and confidentiality of records

- a. Business
- b. Client/family
- c. Employee

4. Legal compliance

5. Aftercare services

- a. Continuing obligation to support families
- b. No solicitation of preneed under pretense of aftercare

6. Professional referrals

- a. Conflicts of interest

- b. Referral fees

D. Publicity and Advertising

1. Media

- a. Factual information

- b. Discretion

2. Accurate representations in advertising

- a. Warranties

- b. Testimonials

- c. Endorsements

- d. Costs

E. Social Media

1. Business

- a. Only post authorized

- b. Appropriate response to public comments

2. Personal

- a. Appropriate social media presence as a representative of funeral service

- b. Appropriate use of company resources and time

- c. Authorized release of work-related information

F. Comments and Questions

TRACY M. LENTZ

[REDACTED]
Nesconset, NY 11767
Office (207) 579-4985
[REDACTED]
[REDACTED]

EDUCATION

M.A. Sam Houston State University Huntsville, TX
Master of Arts (Sociology), August 2018
B.A. State University of New York Stony Brook, NY
Bachelors in Multi-Disciplinary Sciences, May 1995
American Academy McAllister Institute of Funeral Service New York, NY
Associates in Funeral Service, August 1996
Order of the Golden Rule Award for Funeral Service Excellence
Perfect Attendance Award

PROFESSIONAL PROFILE

Highly skilled academic instructor with the proven ability to teach, implement and evaluate a diverse business, management and ethics related curriculum. Possess extensive distance education and classroom teaching and assessment experience. Understand the mission and responsibility of public community colleges and universities; and private higher education institutions, with an awareness of the institutions' unique role related to student access and equity while fulfilling the complex needs of the surrounding community. Ability to plan strategically; analyze and synthesize complex information. Effectively communicate and clearly convey with others in multiple settings and across organizational levels. Develop, discern, direct and complete objectives with competence, and attention to detail. Recognize the role of institutional effectiveness and assessment. Adept at recognizing programmatic and regional accreditation purposes and functions.

SELECTED PROFESSIONAL ACTIVITIES AND RECOGNITIONS

Board Member of the Nassau Suffolk Crematory, 2016- Present.
Member, New York Funeral Directors Association, 1996 – present.
Educator for Life Presenter, Hauppauge High School, 2004.
CEU Presenter, "Children and Grief", 6/2007.
CEU Presenter, "The Long Journey of Grief", 4/2007.
CEU Presenter, "Elder Law", 8/2007.

CEU Presenter, "Agent Law", 5/2008.

CEU Presenter, "How Knowledge of Death and Dying Will Help Us Become Better Funeral Directors" 2010- Present.

Wrote Bill LD 19 "An Act to Authorize the National Institute of Funeral Service to Grant Associate Degrees", proposed to Senate February 2023.

Wrote Bill, LR 540 "An Act to Provide Natural Organic Reduction Facilities for Maine Residents for the Conversion of Human Remains to Soil", presented to Senate March 2023

SKILLS

- Anatomical Embalming, Civilian Embalming, Funeral Directing, Funeral Service, Funeral Service Mortuary Science Education.
- At need and pre-need funeral service arranging/conducting.
- Development of unique embalming techniques and embalming solutions to improve upon the preservation appearance of human remains.
- Higher Education Administration, accreditation (ABFSE, UMSEA)
- Business Administration and Management (daily operations, budgeting, office management, programmatic operations)
- Curriculum design, continuing education programs, policy, executive committee boards, legislation, advisory boards
- Computer skills: Microsoft Office applications, Windows and Macintosh operating systems, all internet browsers, funeral service software & Death Care Management Systems, Learning Management Systems, Zoom, etc.
- Active listening, adaptability, creativity, critical thinking, customer service, decision making, interpersonal communication, management, leadership, organization, public speaking, problem-solving, teamwork, troubleshooting, outreach/public relations.

PROFESSIONAL AND RELATED EXPERIENCE

Owner & President National Institute of Funeral Service, LLC, 2022- Present.

- Identify and acquire students.
- Provide operational guidance for revenue enhancement.
- Realize student's preferences.
- Develop modes to accommodate changing student attitudes toward death care.
- Understand the role of education in relation to demographic societal changes.
- Research textbooks.
- Research, investigate and report sexism, racism and unethical practices/behavior of corporate governing boards and top executive leaders.
- Strategic and continuity of operations planning.
- Assist in small business administration.
- Provide expert legal opinion.
- Guide compliance with regulatory matters.
- Provide risk management assessment.
- Conduct educational research.
- Develop continuing education programs and presentations.
- Prepared self-studies: candidacy and initial program accreditation (ABFSE).
Implemented entire associate of applied science and certificate curriculum.
- Developed and implemented on-line distance education certification program.
- Designed and taught academic and continuing education courses.
- Created, reviewed, edited and tested curriculum.
- Utilized multiple classroom and on-line presentation techniques/formats.
- Advised students in degree planning and review of career goals.
- Integrated instructional technology into curriculum.
- Task force researcher.
- Managed personnel, accounts receivable and in-house financial summaries.

- Consulted and advised clients.
- Strengthened community relations.
- Represented firms in legal proceedings related to financial recovery.
- Coordinated relations with local healthcare organizations.
- Provided in-serve presentations to health professionals, college classes, volunteer groups, etc.
- Displayed proficiency with technical standards.
- Facilitated facility planning and expansion.
- Conducted professional development training.
- Oversaw implementation of government regulatory compliance programs.
- Trained personnel.
- Developed and managed computer inventory tracking program.

Director of Operation, American Academy McAllister Institute, New York, NY, 2018-2021.

- Increased student enrollment; increased institutional revenue; and increased investment reserves.
- Worked closely with Board of Trustees to fulfill institutional mission.
- Developed strategies to achieve goals, allocate resources, implement policies, and set procedures.
- Provided leadership, direction, general supervision and evaluation of the College's total instructional program, including the process for continuous improvement of teaching and student learning.
- Responsible for the financial soundness of the College's operations through budget planning and resource allocation.
- Reviewed proposals and recommends approval of revised curriculum and courses.
- Monitored and coordinated continuous quality improvement process for the academic program.
- Served as the liaison to accrediting bodies and government agencies, maintaining a network of state and national relationships.

- Worked with administrative staff members to direct, manage and supervise personnel responsible for academic and non-academic programs.
- Articulated mission of the College to serve the campus and community at large.
- Facilitates marketing and advertising campaign.
- Responsible for institutional fundraising, marketing and public relations.
- Implemented recruiting initiatives.
- Coordinated efforts to ensure student recruitment, admission and support efforts are outstanding.
- Guided program through rigorous initial accreditation process.
- Provided leadership for educational program.
- Maintained ICFSEB National Board Examination scores and continuously monitored for improvement.
- Recruited students and industry partners.
- Created beneficial relationships with regulatory agencies and trade organizations.
- Coordinated compliance with program, state and regional accreditation/regulatory standards.
- Prepared self-studies: for reaccreditation (ABFSE).
- Marketed program locally, regionally and nationally.
- Developed strong alliances with business and industry.
- Planned and forecasted course schedules.
- Oversaw facilities expansion.
- Develop and analyze program budget.

Program Director, American Academy McAllister Institute, New York, NY, 2018-2021.

- Budgeting
- Curriculum Review
- Payroll

Dean and Department Chair of General Education / Interim Director of Admissions, American Academy McAllister Institute, New York, NY, 2016-2021.

- Oversaw all Staff, Faculty, Students and Vendors.
- In Charge of Hiring, Dismissals and All Aspects of Training
- Faculty and Staff Review
- Graduation

Adjunct Faculty American Academy McAllister Institute, New York, NY, 2008 – 2021.

- Teaching Sociology, Ethics, Color and Cosmetics, Introduction to Science, Cremation and Cemetery Operations, Death and Human Development, Funeral Practicum, and Color and Cosmetics, and ABFSE related courses.
- CEU Lecturer 2001- Present

Moloney Family Funeral Homes, Inc., Ronkonkoma, NY

Funeral Director/Manager 2001- 2016

- Manager of the Preneed Funeral Directors
- Oversaw Eight People
- Responsible For Four Million Dollars in Sales Each Year

SERVICE CORPORATION INTERNATIONAL, West Babylon, NY

Preneed Funeral Director 1997-2001

- Sold Preneed Funeral Responsible for 2 Million in Sales.

PROFESSIONAL AFFILIATIONS

- New York State Funeral Directors Association (NYSFDA)
- National Funeral Directors Association (NFDA)
- National Funeral Directors & Morticians Association (NFDMA)
- Academy of Professional Funeral Service Practice (APFSP)
- Cremation Association of North America (CANA)
- American Board of Funeral Service Education (ABFSE)
- International Conference of Funeral Service Examining Boards (ICFSEB)
- International Cemetery, Cremation & Funeral Association (ICCFA)
- University Mortuary Science Education Association (UMSEA)
- Selected Independent Funeral Homes

VOLUNTEER WORK/COMMUNITY AFFILIATIONS

- Member, St. Joseph's Church, 2006 – present.
- President Wenonah Elementary School PTA, 2010 – 2021.
- Girl Scout Leader, Troop 2510, Ronkonkoma, NY 2006- 2010.
- Ordained Minister, 1996 – Present.



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/>

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.

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- 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:

Allie Sparkman

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

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:
Regulatory Board Service 101 (Board Training Program)

Date(s) of Presentation: 2/27-2/29/2024	Time(s): 9:30-4:30	Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes) 6 hours (1 hr lunch)
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Location of Presentation:
Marina Inn at Grande Dunes

City: Myrtle Beach	State: SC	Zip Code: 29572
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<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
Dale Atkinson	Please see attached speaker bios.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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 relevant to this approval form. I hereby give permission to the Funeral and Cemetery Services Board to verify any information provided and obtain any additional documentation or information needed to verify my qualifications or good moral character.

Allie Sparkman
Signature

01/30/2024
Date

Allie Sparkman
Print Name

For Board Use Only:

CE Approval Date:	CE Approved Hours:
-------------------	--------------------



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

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

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Continuing Education Approval Form

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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:

Allie Sparkman

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

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:
Funeral Service Administrators Forum

Date(s) of Presentation: 2/27-2/29/2024	Time(s): 2:30-5:00	Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes) 2.5 hours
--	-----------------------	--

Location of Presentation:
Marina Inn at Grande Dunes

City: Myrtle Beach	State: SC	Zip Code: 29572
-----------------------	--------------	--------------------

<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
NA	Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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 relevant to this approval form. I hereby give permission to the Funeral and Cemetery Services Board to verify any information provided and obtain any additional documentation or information needed to verify my qualifications or good moral character.

Allie Sparkman
Signature

01/30/2024
Date

Allie Sparkman
Print Name

For Board Use Only:

CE Approval Date:	CE Approved Hours:
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STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

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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:

Allie Sparkman

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

1885 Shelby Ln

City:

Fayetteville

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AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

Innovations in Licensing

Date(s) of Presentation:

2/27-2/29/2024

Time(s):

9:45-10:45

Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes)

1 hour

Location of Presentation:

Marina Inn at Grande Dunes

City:

Myrtle Beach

State:

SC

Zip Code:

29572

 Internet Classroom Computer-based Training Video Other (explain):**Presenter(s): Please attach short bio for each presenter detailing experience.**

Name

Title

Guillermo Ortiz de Zarate

Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Signature

01/30/2024

Date

Allie Sparkman

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours:



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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:

Allie Sparkman

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

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City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

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Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

Federal Trade Commission

Date(s) of Presentation:

2/27-2/29/2024

Time(s):

10:45-11:45

Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes)

1 hour

Location of Presentation:

Marina Inn at Grande Dunes

City:

Myrtle Beach

State:

SC

Zip Code:

29572

Internet

Classroom

Computer-based Training

Video

Other (explain):

Presenter(s): Please attach short bio for each presenter detailing experience.

Name

Title

Rebecca Plett

Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Allie Sparkman

Signature

01/30/2024

Date

Allie Sparkman

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours:



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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:

Allie Sparkman

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

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

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AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

District Meetings

Date(s) of Presentation:

2/27-2/29/2024

Time(s):

1:15-3:15

Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes)

2 hours

Location of Presentation:

Marina Inn at Grande Dunes

City:

Myrtle Beach

State:

SC

Zip Code:

29572

Internet

Classroom

Computer-based Training

Video

Other (explain):

Presenter(s): Please attach short bio for each presenter detailing experience.

Name	Title
NA	Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Allie Sparkman

Signature

01/30/2024

Date

Allie Sparkman

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours:



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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:

Allie Sparkman

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

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

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E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

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City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:
Universal Licensing, Portability, & Other Unicorns

Date(s) of Presentation: 2/27-2/29/2024	Time(s): 3:30-4:30	Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes) 1 hour
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Location of Presentation:
Marina Inn at Grande Dunes

City: Myrtle Beach	State: SC	Zip Code: 29572
-----------------------	--------------	--------------------

<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
Dale Atkinson	Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Allie Sparkman
Signature

01/30/2024
Date

Allie Sparkman
Print Name

For Board Use Only:

CE Approval Date:	CE Approved Hours:
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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:

Allie Sparkman

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

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

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E-mail Address:

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Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:
Exam Integrity - Why It Matters

Date(s) of Presentation: 2/27-2/29/2024	Time(s): 8:30-9:30	Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes) 1 hour
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Location of Presentation:
Marina Inn at Grande Dunes

City: Myrtle Beach	State: SC	Zip Code: 29572
-----------------------	--------------	--------------------

<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
Matt Mudd	Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Allie Sparkman
Signature

01/30/2024
Date

Allie Sparkman
Print Name

For Board Use Only:

CE Approval Date:	CE Approved Hours:
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STATE OF NEVADA

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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:

Allie Sparkman

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

1885 Shelby Ln

City:

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Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

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State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

What's Next? A Discussion About the State of Funeral Service Licensure

Date(s) of Presentation:

2/27-2/29/2024

Time(s):

9:30-10:30

Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes)

1 hour

Location of Presentation:

Marina Inn at Grande Dunes

City:

Myrtle Beach

State:

SC

Zip Code:

29572

Internet

Classroom

Computer-based Training

Video

Other (explain):

Presenter(s): Please attach short bio for each presenter detailing experience.

Name

Title

Jolena Grande

Please see attached speaker bios if applicable.

Rick Little

Natasha Culbertson

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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 relevant to this approval form. I hereby give permission to the Funeral and Cemetery Services Board to verify any information provided and obtain any additional documentation or information needed to verify my qualifications or good moral character.

Allie Sparkman

Signature

01/30/2024

Date

Allie Sparkman

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours:



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/>

Continuing Education Approval Form

General Instructions (Note: Documents submitted with this application will not be returned.)

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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:

Allie Sparkman

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

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:
Top Regulatory Cases

Date(s) of Presentation: 2/27-2/29/2024	Time(s): 10:45-11:45	Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes) 1 hour
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Location of Presentation:
Marina Inn at Grande Dunes

City: Myrtle Beach	State: SC	Zip Code: 29572
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<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
Dale Atkinson	Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Allie Sparkman
Signature

01/30/2024
Date

Allie Sparkman
Print Name

For Board Use Only:

CE Approval Date:	CE Approved Hours:
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- Agenda detailing dates/times and subject of each session.

Requester: Attendee CE Provider Contact

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State:

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Zip Code:

72704

Phone Number:

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E-mail Address:

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Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

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City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

The Consensual Donation & Research Integrity Act and Other Legislation

Date(s) of Presentation:

2/27-2/29/2024

Time(s):

11:45-12:45

Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes)

1 hour

Location of Presentation:

Marina Inn at Grande Dunes

City:

Myrtle Beach

State:

SC

Zip Code:

29572

Internet

Classroom

Computer-based Training

Video

Other (explain):

Presenter(s): Please attach short bio for each presenter detailing experience.

Name

Title

Lesley Witter

Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Allie Sparkman

Signature

01/30/2024

Date

Allie Sparkman

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours:



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Required Documents

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- Brief bio or resume of each presenter.
- Agenda detailing dates/times and subject of each session.

Requester: Attendee CE Provider Contact

Name:

Allie Sparkman

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City:

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State:

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Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

Address:

1885 Shelby Ln

City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

Conference Initiatives

Date(s) of Presentation:

2/27-2/29/2024

Time(s):

2:15-3:15

Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes)

1 hour

Location of Presentation:

Marina Inn at Grande Dunes

City:

Myrtle Beach

State:

SC

Zip Code:

29572

 Internet Classroom Computer-based Training Video Other (explain):**Presenter(s): Please attach short bio for each presenter detailing experience.**

Name

Title

Dustin Wardlow, Allie Sparkman, Anna Scott McClendon, & Andrew Joseph

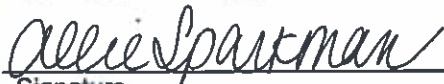
Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Signature

01/30/2024

Date

Allie Sparkman

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours:



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Required Documents

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- Brief bio or resume of each presenter.
- Agenda detailing dates/times and subject of each session.

Requester: Attendee CE Provider Contact

Name:

Allie Sparkman

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City:

Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Provider:

Name:

ICFSEB - The Conference

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Fayetteville

State:

AR

Zip Code:

72704

Phone Number:

479-442-7076

E-mail Address:

allie@theconferenceonline.org

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

Professional Standards & Licensure - Everybody Gets a Trophy?

Date(s) of Presentation:

2/27-2/29/2024

Time(s):

3:30-4:30

Length of Presentation/Course: (Note: One (1) hour of CEU = 50 minutes)

1 hour

Location of Presentation:

Marina Inn at Grande Dunes

City:

Myrtle Beach

State:

SC

Zip Code:

29572

Internet

Classroom

Computer-based Training

Video

Other (explain):

Presenter(s): Please attach short bio for each presenter detailing experience.

Name

Title

Mark Ransford

Please see attached speaker bios if applicable.

Outline of Course: Please provide a general outline of the course content.

Please see attached course summary.

Declaration

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Allie Sparkman

Signature

01/30/2024

Date

Allie Sparkman

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours:

CEU Request

The International Conference of Funeral Service Examining Boards will host its 120th Annual Meeting in Myrtle Beach, South Carolina, on February 28-29th, 2024, at the Marina Inn at Grande Dunes. The meeting will feature presentations, regional district meetings, and small group discussions to discuss pertinent areas of interest for funeral service regulators. As an added bonus to meeting attendees, we would love to offer continuing education credits for the programs provided. The programs, a summary of events, suggested hours, and speaker biographies are included for your reference.

Please check the boxes on the left for individual courses
APPROVED for continuing education credits
 (or approve all programs by checking the last check box on page 2):

Course Approved by Board for CEU	Program Title	Scheduled Time	Suggested Credit Hours
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Tuesday February 27, 2024

	Regulatory Board Service 101 (Board Member Training)	9:30 am—4:30pm <small>*1hour for lunch</small>	6
	Funeral Service Administrators' Forum	2:30 pm—5:00pm	2.5

Wednesday February 28, 2024

	Innovations in Licensing	9:45 am—10:45 am	1
	Federal Trade Commission	10:45 am—11:45 am	1
	District Meetings	1:15 pm—3:15 pm	2
	Universal Licensing, Portability, & Other Unicorns	3:30 pm—4:30 pm	1
	District Reports	4:30 pm—5:00 pm	.5

Course Approved by Board for CEU			
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Thursday February 29, 2024

	Exam Integrity—Why It Matters	8:30 am—9:30 am	1
	What’s Next? A Discussion About the State of Funeral Service Licensure	9:30 am—10:30 am	1
	Top Regulatory Cases	10:45 am—11:45 am	1
	The Consensual Donation & Research Integrity Act & Other Legislation	11:45 am—12:45 pm	1
	Conference Initiatives	2:15 pm—3:15 pm	1
	Professional Standards & Licensure—Everybody Gets a Trophy?	3:15 pm—4:15 pm	1



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I acknowledge that the selected sessions above have been approved for continuing education credits/units in the state listed below.

State/Jurisdiction

Name Title

Signature Date

Please return to:
allie@theconferenceonline.org

Questions?
Additional paperwork
required?
Please feel free to contact
Allie Sparkman.

allie@theconferenceonline.org
479.442.7076 ext.5

120TH ANNUAL MEETING

TUESDAY FEBRUARY 27

7:00 AM - 8:00 AM	ICFSEB Board of Directors Breakfast
8:00 AM - 2:00 PM	ICFSEB Board of Directors Meeting <i>(closed meeting)</i>
9:30 AM - 4:30 PM	Regulatory Board Service 101 <i>(pre-registration required)</i>
2:30 PM - 5:00 PM	Funeral Service Administrators Forum <i>(closed session)</i>
5:00 PM - 6:00 PM	Meeting Registration
6:00 PM - 7:30 PM	Footnotes from a Retired Regulator Jennifer Kandt <i>Dinner provided (RSVP Required)</i>

WEDNESDAY FEBRUARY 28

7:00 AM - 9:00 AM	Meeting Registration
8:00 AM - 8:45 AM	Rookie Welcome Breakfast
8:00 AM - 9:00 AM	Alumni Attendee Breakfast
9:00 AM - 9:45 AM	120th Annual Meeting Opening Session
9:45 AM - 10:45 AM	Innovations in Licensing Guillermo Ortiz de Zárate
10:45 AM - 11:45 AM	Federal Trade Commission Rebecca Plett
11:45 AM - 1:00 PM	Lunch
1:15 PM - 3:15 PM	District Meetings
3:30 PM - 4:30 PM	Universal Licensing, Portability, & Other Unicorns Dale Atkinson
4:30 PM - 5:00 PM	District Reports
5:00 PM - 5:20 PM	Executive Session <i>(closed session)</i>
5:30 PM - 6:30 PM	Regulation is Beachin' Reception

THURSDAY FEBRUARY 29

7:15 AM - 8:15 AM	ICFSEB Past Presidents Breakfast
7:30 AM - 8:30 AM	Attendee Breakfast
8:30 AM - 9:30 AM	Exam Integrity - Why It Matters Matt Mudd
9:30 AM - 10:30 AM	What's Next? A Discussion About the State of Funeral Service Licensure Jolena Grande, Rick Little, & Natasha Culbertson
10:45 AM - 11:45 AM	Top Regulatory Cases Dale Atkinson
11:45 AM - 12:45 PM	The Consensual Donation & Research Integrity Act and Other Legislation Lesley Witter
12:45 PM - 2:15 PM	Celebration of Service Luncheon
2:15 PM - 3:15 PM	Conference Initiatives Dustin Wardlow, Allie Sparkman, Anna Scott McClendon, & Andrew Joseph
3:15 PM - 4:15 PM	Professional Standards & Licensure - Everybody Gets a Trophy? Mark Ransford
4:15 PM - 4:30 PM	Closing Remarks



Tuesday February 27, 2024

Regulatory Board Service 101 (Board Member Training)

This informative board member training session will familiarize attendees with the roles and responsibilities of serving on a funeral service regulatory board. Seminar topics include: the role of a regulatory board member, political realities of board service, discipline and enforcement of licensees, and other current regulatory issues.

Funeral Service Administrators' Forum

This forum provides an intimate opportunity for regulatory board staff to discuss common issues amongst colleagues.

Wednesday February 28, 2024

Innovations in Licensing

With the growth of technologies, systems and practices are continually evolving. This session will discuss recent advancements that could beneficially impact the licensure field.

Federal Trade Commission

The Federal Trade Commission will share updates pertinent to The Funeral Rule and regulation relative to the funeral service profession.

District Meetings

Attendees meet in small groups to discuss issues facing funeral service regulation.

Universal Licensing, Portability, & Other Unicorns

Dreams such as universal licensure may appeal to regulators and licensees alike, but is there a world in which they could be realities? Regulatory guru Dale Atkinson will examine these ambitions, and the attainability of their future in funeral service licensure.

District Reports

Representatives from each district meeting share key points from their individual group discussions with all attendees.

Thursday February 29, 2024

Exam Integrity – Why It Matters

Exam integrity is of the utmost importance in high-stakes licensure exams. But why does it really matter? Pearson VUE security analyst Matt Mudd will illustrate the value of exam security and the impact on the licensure process.

What's Next? A Discussion About the State of Funeral Service Licensure

Join a panel of experts as they share perspectives from their various roles within funeral service.

Top Regulatory Cases

Conference Legal Counsel and regulatory expert Dale Atkinson will update attendees on recent court cases impacting regulation, identifying key takeaways relevant to attendees.

The Consensual Donation & Research Integrity Act and Other Legislation

The “body broker bill” would provide necessary minimum standards to the body donation process, ensuring donors’ bodies are treated with dignity and respect. Senior Vice President of Advocacy for NFDA, Lesley Witter, will provide updates on this bill, as well as other important legislation at the national level.

Conference Initiatives

Join Conference staff for updates, and learn what’s on the horizon for next year.

Professional Standards & Licensure – Everybody Gets a Trophy?

Exams, education, and licensure requirements - all are barriers to licensure, and yet, all also elevate the standards of a profession. Licensee, former board member, and past president of The Conference, Mark Ransford, will evaluate the significance of professional standards, and the potential consequences if standards are compromised.



Dale Atkinson

Dale J. Atkinson, who received his law degree from Northwestern School of Law, Portland, Oregon, is the sole, managing member of the Northbrook, Illinois, law firm of Atkinson & Atkinson, LLC, which represents various associations of regulatory boards. Mr. Atkinson represents associations in all matters relating to their operations as not for profit corporations, including regulatory activities, education and accreditation, disciplinary actions, model legislation and applications, and all phases of the development and administration of licensure examination programs, licensure transfer programs, licensure credentials verification and storage. He is a frequent speaker before these association clients as well as other regulatory groups and also produces numerous writings on these subjects for publications.

Guillermo Ortiz de Zárate

With over 30 years of information technology experience and a BS in Information Technology, Guillermo has been leading the development and implementation of technology for companies in industries such as engineering, urban development, healthcare, banking, international commerce, marketing, government, NGOs, regulation, and software.

In his previous role as Chief Innovation & Information Officer at NCARB, Guillermo led the modernization and digital transformation of the Council's technology and its sophisticated use of data. His portfolio has expanded since January 2024 and he is now the Chief Strategy Officer of the organization. Guillermo also holds an MBA from Carey School of Business at the Johns Hopkins University.

Guillermo is, concurrently, the founder and President of Lineup®, NCARB's wholly-owned software-as-a-service subsidiary (www.lineupteams.com).

Rebecca Plett

Rebecca Plett is an attorney in the Division of Marketing Practices of the Federal Trade Commission's Bureau of Consumer Protection. Her primary duties involve enforcement and policy matters, including serving as a co-coordinator of the FTC's Funeral Rule program. Before coming to the FTC, Rebecca worked at the Consumer Financial Protection Bureau where she focused on consumer financial protection regulations and compliance with those regulations. She received her undergraduate degree from East Carolina University and her Juris Doctor from the University of North Carolina at Chapel Hill.

Matt Mudd

Pearson VUE

Biography not yet provided.

Natasha Culbertson

Arizona Department of Health Services, Bureau of Special Licensing

Biography not yet provided.

Richard Little

As a 35 year resident of Longview/Kelso, WA, Rick currently serves as the Vice President/General Manager of the Pierce Group Inc. where he manages the operations of Steele Chapel at Longview Memorial Park and Dahl McVicker Funeral Homes, as well as several other funeral homes in the Southwest Washington area. He is currently serving on the WA Funeral & Cemetery Board and is a Past President of the Washington State Funeral Directors Association, where he was honored as Funeral Director of the Year in 2009. He has been involved with Stageworks Northwest, a non-profit community theatre, for the past 14 years and is Past President of the Kelso Lions Club and Longview Community Church. He and his wife, Lorraine, have two children, Lance and Amy.

Jolena Grande

Jolena Grande is a tenured faculty member in the Health Science Division at Cypress College. She has been with the Mortuary Science Program for almost 30 years and has taught all aspects of the prescribed ABFSE curriculum content, though spends much of her time focusing on the Arts side of the accredited Associate degree program and overseeing the Bachelor of Science in Funeral Service completion program. She is a licensed cemetery manager, crematory manager, embalmer and funeral director in California, a Certified Funeral Service Practitioner, and an Oklahoma licensed embalmer. She regularly volunteers her time with the American Board of Funeral Service Education, International Conference of Funeral Service Examining Boards, and serves on the California Department of Consumer Affairs Cemetery and Funeral Bureau Advisory Committee. Miss Grande graduated from Cypress College with her Associates degree in Mortuary Science, transferred to the University of Central Oklahoma for her Bachelor of Science in Funeral Service, and holds a Master of Forensic Science degree. She lives in Southern California and enjoys helping develop future funeral service practitioners.

Lesley Witter

NFDA

Biography not yet provided.

Dalene Paull

Dalene Paull began her career with The International Conference of Funeral Service Examining Boards in 1998 as a registrar. Ms. Paull was promoted to Assistant Executive Director and after becoming Acting Executive Director in 2001, was hired as Executive Director in 2002. She has been an active participant in the regulatory community throughout her career and has served on the Board of Directors for the Federation of Associations of Regulatory Boards (FARB) since 2008. Ms. Paull has a Bachelor of Arts in Criminal Justice from the University of Arkansas and received her Masters of Public Administration from the University of Arkansas in May 2005.

Dustin Wardlow

Dustin has been with The Conference since 2008. He is a graduate from the University of Arkansas and holds a Bachelor of Science in Agricultural, Food and Life Sciences with a concentration in Education, Communication, and Technology. Dustin recently became the Exam Program Director and is now responsible for managing the exam program for The Conference, including working closely with examination committees, accredited mortuary science programs, regulatory agencies, exam candidates, and the testing vendor to continually improve the testing experience. He previously served in various information and technology roles for The Conference for nearly 15 years. He enjoys classic movies and British television shows, including the panel show "Q.I." Dustin lives in Fayetteville, Arkansas with his wife, Ashley, and dogs, Humphrey and Nan.

Anna Scott McClendon

Anna Scott was hired by The Conference in 2019 as an administrative assistant. She then assumed the position of Candidate Services Coordinator with The Conference in January of 2023. Her current responsibilities include managing many of the daily operations of the office, while also working directly with candidates to assist them throughout their exam process. Anna Scott holds a B.A in Communications and Hospitality Management from the University of Arkansas. She lives in Fayetteville, Arkansas, and enjoys travel and reading in her free time.

Allie Sparkman

Allie began her career with The Conference in 2012 as a part-time administrative assistant. After serving in this capacity for several years, she joined The Conference full-time in 2015. Allie graduated with her Bachelor of Arts from the University of Arkansas in 2018, and continued to serve in the Candidate Services Manager role. Allie has recently taken over as the Director of Member Engagement, serving as the liaison for the Conference membership and working in meeting planning and communications. Allie lives with her husband, Brett, dogs Cinnamon and Crunch, and four old, grumpy cats in Springdale, Arkansas. In her spare time, Allie loves reading, going to the movies and concerts, and runs a local community group that hosts monthly events for dinner groups, themed movie nights, and book clubs.

Andrew Joseph

The Conference

Biography not yet provided.

Mark Ransford

Mark was elected to his first term on The Conference Board of Directors in 2017 and served as the 111th President of The Conference. He graduated from the University of Michigan in Ann Arbor in 2002 with a focus in Business and Psychology, and continued his education at Wayne State University in Detroit with a Bachelor's Degree in Mortuary Science and a Post-Bachelor Certificate in Forensic Investigation. He was licensed in 2003 and returned to his hometown of Caro, Michigan to join his father's practice after training in Saginaw, Detroit and Kalamazoo, Michigan. He is a past Chairman of the Michigan Board of Examiners in Mortuary Science and is a past District President of the Michigan Funeral Directors Association. He and his wife, Laine, have three young boys.

State of Nevada Funeral and Cemetery Services

Budget vs. Actuals

July 2023 - January 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
Administrative Fee (Reissue or Add Lic)	1,425.00	375.00	1,050.00	380.00 %
Administrative Fine	1,000.00		1,000.00	
Approval of Managing Funeral Director	3,375.00	2,475.00	900.00	136.36 %
Cemetery Renewals	816.69	1,900.00	-1,083.31	42.98 %
Crematory Renewals	2,333.31	4,000.00	-1,666.69	58.33 %
Embalmer Renewals	4,983.31	8,900.00	-3,916.69	55.99 %
Establishment Permit Renewals	3,806.25	6,500.00	-2,693.75	58.56 %
Examinations	1,750.00	4,000.00	-2,250.00	43.75 %
Funeral Arranger Renewals	8,016.69	18,900.00	-10,883.31	42.42 %
Funeral Director Renewals	8,800.00	16,300.00	-7,500.00	53.99 %
Initial Licensing	24,937.50	24,000.00	937.50	103.91 %
Interest Income	109.75	33.00	76.75	332.58 %
Legal and Miscellaneous Fees	350.00	5,000.00	-4,650.00	7.00 %
NV Regulatory Fee	132,650.00	280,000.00	-147,350.00	47.38 %
Study Guide		100.00	-100.00	
Total Income	\$194,353.50	\$372,483.00	\$ -178,129.50	52.18 %
GROSS PROFIT	\$194,353.50	\$372,483.00	\$ -178,129.50	52.18 %
Expenses				
Administrative Fines	2,000.00		2,000.00	
Attorney General - Legal Fees	3,415.67	20,000.00	-16,584.33	17.08 %
Auditing	11,000.00	11,000.00	0.00	100.00 %
Background Checks	558.60	1,800.00	-1,241.40	31.03 %
Bank fees	3,710.99	2,800.00	910.99	132.54 %
Board Member Compensation	2,100.00	4,200.00	-2,100.00	50.00 %
Conferenc/Training Registration		4,200.00	-4,200.00	
Contractual services				
Bookkeeping	6,265.00	8,400.00	-2,135.00	74.58 %
Dues and Tests	250.00	250.00	0.00	100.00 %
Total Contractual services	6,515.00	8,650.00	-2,135.00	75.32 %
Equipment and Furnishings		2,000.00	-2,000.00	
Insurance	3,350.17	1,800.00	1,550.17	186.12 %
Interest Expense	48.10		48.10	
Meeting Expenses	749.60	3,350.00	-2,600.40	22.38 %
Office Lease	13,480.00	20,220.00	-6,740.00	66.67 %
Office Supplies	3,330.20	8,500.00	-5,169.80	39.18 %
Payroll Expenses				
Administrative Wages	15,760.00	62,119.00	-46,359.00	25.37 %
Employer Taxes	10,804.52	15,622.00	-4,817.48	69.16 %
Executive Director Salary	69,052.75	137,288.00	-68,235.25	50.30 %
Health Insurance	12,512.36	23,000.00	-10,487.64	54.40 %
Inspector/Investigation Wages	18,897.03	32,936.00	-14,038.97	57.38 %
Retirement	15,037.90	31,109.00	-16,071.10	48.34 %

State of Nevada Funeral and Cemetery Services

Budget vs. Actuals

July 2023 - January 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Vacation Expense	-3,769.15		-3,769.15	
Total Payroll Expenses	138,295.41	302,074.00	-163,778.59	45.78 %
Postage	795.72	2,450.00	-1,654.28	32.48 %
Printing and Copying	2,104.45	5,000.00	-2,895.55	42.09 %
Repair and Maintenance	226.24	700.00	-473.76	32.32 %
Technical Support Web Site	523.79	2,200.00	-1,676.21	23.81 %
Telephone/Internet	1,777.72	4,523.00	-2,745.28	39.30 %
Travel	3,679.50	28,100.00	-24,420.50	13.09 %
Utilities	2,390.87	4,500.00	-2,109.13	53.13 %
Total Expenses	\$200,052.03	\$438,067.00	\$ -238,014.97	45.67 %
NET OPERATING INCOME	\$ -5,698.53	\$ -65,584.00	\$59,885.47	8.69 %
NET INCOME	\$ -5,698.53	\$ -65,584.00	\$59,885.47	8.69 %

State of Nevada Funeral and Cemetery Services

Balance Sheet

As of January 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking State of NV Funeral Brd	382,061.64
Total Bank Accounts	\$382,061.64
Accounts Receivable	
Accounts Receivable	2,450.00
Total Accounts Receivable	\$2,450.00
Other Current Assets	
Payroll Refunds	0.00
Prepaid expenses	-1,831.25
Undeposited Funds	40.00
Total Other Current Assets	\$ -1,791.25
Total Current Assets	\$382,720.39
Fixed Assets	
Accumulated Depreciation	-1,381.25
Machinery & Equipment	5,842.96
Total Fixed Assets	\$4,461.71
Other Assets	
Accum Depr - Right of Use Asset	-27,648.00
Right of Use Asset	58,547.00
Security Deposits	1,500.00
Total Other Assets	\$32,399.00
TOTAL ASSETS	\$419,581.10

State of Nevada Funeral and Cemetery Services

Balance Sheet

As of January 31, 2024

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	-1,447.53
Total Accounts Payable	\$ -1,447.53
Other Current Liabilities	
Accrued Expenses	0.00
Deferred Revenue	89,693.75
Direct Deposit Payable	0.00
Lease Liability - Current	0.00
Payroll Liabilities	0.00
Accrued Compensation	0.00
Deferred Compensation	276.32
Federal Taxes (941/944)	0.00
Federal Unemployment (940)	0.00
NV UI Bond Obligation Assessment	0.00
NV Unemployment Tax	0.00
PEBP Adjust	0.00
PEBP Medical	2,440.30
Vacation Liability	7,613.33
Total Payroll Liabilities	10,329.95
Total Other Current Liabilities	\$100,023.70
Total Current Liabilities	\$98,576.17
Long-Term Liabilities	
Lease Liability - Non Current	32,014.00
Total Long-Term Liabilities	\$32,014.00
Total Liabilities	\$130,590.17
Equity	
Fund Balance	294,689.46
Net Income	-5,698.53
Total Equity	\$288,990.93
TOTAL LIABILITIES AND EQUITY	\$419,581.10

State of Nevada Funeral and Cemetery Services

Sales by Customer Summary

July 2023 - January 2024

	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	TOTAL
10 Bunker's Eden Vale Mortuary	260.00	390.00	410.00	380.00	340.00	330.00		\$2,110.00
102L Green Farewells				10.00	60.00	110.00		\$180.00
104 Serenity Funeral Home	230.00	200.00	150.00	180.00	180.00	210.00		\$1,150.00
108 Truckee Meadows Cremation & Burial Svcs	670.00	890.00	640.00	670.00	650.00	540.00		\$4,060.00
109 Las Vegas Islamic Cemetery	40.00	40.00	40.00	30.00	10.00	10.00	50.00	\$220.00
110 McDermott Funeral Home	680.00	620.00	580.00					\$1,880.00
111 Funeraria Casa De Paz	200.00	120.00	220.00	160.00	150.00	180.00		\$1,030.00
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		\$560.00
114 Eastside Memorial Park	140.00	100.00	80.00	150.00	70.00	90.00		\$630.00
115 Mountain Vista Chapel	70.00	40.00	80.00	120.00	40.00	50.00		\$400.00
116 Sonoma Funeral Home	60.00	50.00	90.00	120.00	90.00	100.00		\$510.00
127 Truckee Meadows Cremation - Sparks	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			\$730.00
134 La Eternidad Funeral	70.00	130.00	140.00	130.00	160.00	190.00		\$820.00
138 Care Cremation	290.00	380.00	360.00	360.00	470.00	690.00		\$2,550.00
139 Giddens Memorial Chapel				270.00	300.00	220.00		\$790.00
140 Beverly's Memorial Chapel						0.00		\$0.00
15 Southern Nevada Mortuary	40.00	50.00	30.00	20.00	50.00	80.00		\$270.00
18 Gunter's Hawthorne Funeral Home	130.00	80.00	30.00	70.00	70.00	-10.00		\$370.00
3 Mountain View Mortuary	400.00	410.00	340.00	320.00	340.00	300.00		\$2,110.00
30 Bunker's Memory Garden				0.00				\$0.00
5 Smith Family Funeral Home	300.00	280.00	300.00	240.00	270.00	280.00		\$1,670.00
56 Pahrump Family Mortuary Group	220.00	250.00	240.00	180.00	180.00	300.00		\$1,370.00
60 The Gardens	30.00	180.00	40.00	170.00	110.00	130.00		\$660.00
7 Burns Funeral Home, Inc.	260.00	250.00	320.00	240.00	400.00	300.00		\$1,770.00
8 Freitas Ruprecht Funeral Home	40.00	110.00	140.00	130.00	110.00	60.00		\$590.00
85 Heritage Mortuary	70.00	140.00	150.00	160.00	150.00	210.00		\$880.00
92 Smart Cremation	40.00	140.00	170.00	50.00	60.00	30.00		\$490.00
Anthem								\$0.00
101L Sunrise Cremation	360.00	550.00	560.00	310.00	450.00			\$2,230.00
133 Desert Memorial	480.00	660.00	410.00	540.00	290.00			\$2,380.00
Total Anthem	840.00	1,210.00	970.00	850.00	740.00			\$4,610.00
FPG Nevada								\$0.00
100L Tulip Cremation	10.00	50.00	30.00	0.00	0.00	20.00		\$110.00
130 Kraft-Sussman Funeral Services	200.00	90.00	170.00	160.00	230.00	240.00		\$1,090.00
97L Vegas Valley Cremation Statz			0.00	0.00				\$0.00
96L Vegas Valley Cremation McLeod	260.00	240.00	410.00	190.00	210.00	310.00		\$1,620.00
Total FPG Nevada	470.00	380.00	610.00	350.00	440.00	570.00		\$2,820.00
Inspired Life Holdings								\$0.00
128 Inspired Life Memorials & Cremations	330.00	200.00	310.00	270.00	210.00			\$1,320.00
93L Inspired Life Cremations	0.00	0.00	0.00	0.00	0.00			\$0.00
99 Inspired Life Cremations	10.00	40.00	30.00	30.00	30.00			\$140.00
Total Inspired Life Holdings	340.00	240.00	340.00	300.00	240.00			\$1,460.00
Integrity Funeral Service								\$0.00
117 Walton's Funerals and Cremations - Church	90.00	40.00	90.00	100.00	100.00	140.00		\$560.00
118 Walton's Chapel of the Valley	210.00	250.00	270.00	240.00	410.00	250.00		\$1,630.00
119 O'Brien Rogers & Crosby Funeral Home	80.00	80.00	50.00	60.00	60.00	80.00		\$410.00
120 Ross, Burke & Knobel Mortuary - Reno	250.00	260.00	200.00	250.00	200.00	300.00		\$1,460.00
121 Walton's Sierra Chapel	430.00	540.00	450.00	390.00	860.00	450.00		\$3,120.00
122 Walton's Sparks Funeral Home	140.00	220.00	160.00	90.00	80.00	160.00		\$850.00
123 Cremation Society of Nevada - Affinity	100.00	160.00	150.00	160.00	160.00	160.00		\$890.00
124 Cremation Society of Nevada - Capitol City	240.00	300.00	200.00	250.00	310.00	190.00		\$1,490.00
125 John Sparks Memorial Cremation	100.00	150.00	120.00	140.00	180.00	140.00		\$830.00
126 Cremation Society of Nevada - Northern Nevada	40.00	50.00	80.00	10.00	40.00	20.00		\$240.00
136 Autumn Funerals & Cremation	180.00	210.00	250.00	200.00	210.00	250.00		\$1,300.00
Total Integrity Funeral Service	1,860.00	2,280.00	2,020.00	1,890.00	2,610.00	2,140.00		\$12,780.00

State of Nevada Funeral and Cemetery Services

Sales by Customer Summary

July 2023 - January 2024

	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	TOTAL
La Paloma Funeral Services								\$0.00
131 La Paloma - West	260.00	220.00	160.00	320.00	330.00	320.00		\$1,610.00
79 La Paloma - Stephanie	800.00	620.00	530.00	550.00	750.00	830.00		\$4,080.00
88 La Paloma - Longley	180.00	210.00	230.00	310.00	270.00	140.00		\$1,340.00
Total La Paloma Funeral Services	1,240.00	1,050.00	920.00	1,180.00	1,350.00	1,290.00		\$7,030.00
Legacy Funeral Holdings, Inc.								\$0.00
Davis Funeral Home & Memorial Park								\$0.00
103 Las Vegas Cremations	190.00	430.00	270.00	250.00	590.00	360.00		\$2,090.00
132 Las Vegas Cremations	240.00	350.00	280.00	240.00	460.00	300.00		\$1,870.00
26 South Eastern Avenue	1,570.00	1,560.00	1,200.00	1,500.00	1,400.00	1,270.00		\$8,500.00
28 South Rainbow Rd	280.00	210.00	230.00	240.00	440.00	200.00		\$1,600.00
Total Davis Funeral Home & Memorial Park	2,280.00	2,550.00	1,980.00	2,230.00	2,890.00	2,130.00		\$14,060.00
Total Legacy Funeral Holdings, Inc.	2,280.00	2,550.00	1,980.00	2,230.00	2,890.00	2,130.00		\$14,060.00
SCI								\$0.00
Aldenwoods (Nevada) Inc.								\$0.00
38 Thomas and Jones Affordable Funeral Home	220.00	200.00	130.00	160.00	250.00	240.00		\$1,200.00
Total Aldenwoods (Nevada) Inc.	220.00	200.00	130.00	160.00	250.00	240.00		\$1,200.00
Keystone America								\$0.00
36 FitzHenry's - Fairview	150.00	120.00	140.00	110.00	170.00	260.00		\$950.00
58 FitzHenry's - Highway 395	50.00	130.00	130.00	90.00	100.00	110.00		\$610.00
Total Keystone America	200.00	250.00	270.00	200.00	270.00	370.00		\$1,560.00
Neptune Management Corp.								\$0.00
64L Neptune Society - Las Vegas	800.00	840.00	810.00	940.00	990.00	1,000.00		\$5,380.00
81L Neptune Society - Reno	460.00	740.00	500.00	390.00	620.00	510.00		\$3,220.00
87L National Cremation Society	90.00	120.00	100.00	100.00	190.00	130.00		\$730.00
Total Neptune Management Corp.	1,350.00	1,700.00	1,410.00	1,430.00	1,800.00	1,640.00		\$9,330.00
Palm Mortuaries								\$0.00
105 Palm - Southwest	280.00	270.00	240.00	270.00	300.00	280.00		\$1,640.00
17 Palm - Downtown (N Main)	530.00	610.00	690.00	560.00	640.00	730.00		\$3,760.00
19 Palm - Boulder Hwy	420.00	390.00	400.00	290.00	430.00	420.00		\$2,350.00
27 Palm - Eastern	1,080.00	980.00	960.00	1,100.00	990.00	1,140.00		\$6,250.00
37 Palm - South Jones	370.00	270.00	300.00	250.00	260.00	280.00		\$1,730.00
54 Palm - Cheyenne	370.00	240.00	280.00	290.00	280.00	480.00		\$1,940.00
55 Affordable Cremation - Decatur	1,030.00	1,160.00	1,130.00	970.00	1,190.00	1,090.00		\$6,570.00
69 King David Memorial Chapel	80.00	170.00	110.00	190.00	260.00	160.00		\$970.00
80 Palm - Northwest	560.00	520.00	530.00	610.00	450.00	660.00		\$3,330.00
Total Palm Mortuaries	4,720.00	4,810.00	4,840.00	4,530.00	4,800.00	5,240.00		\$28,540.00
Total SCI	6,490.00	6,760.00	6,450.00	6,320.00	7,120.00	7,490.00		\$40,630.00
Simple Cremation, Inc. -								\$0.00
53L Simple Cremation, Inc. - NW (Rancho)	510.00	580.00	430.00	430.00	540.00	420.00		\$2,910.00
77L Simple Cremation, Inc. - Reno (Kietzke)	380.00	340.00	340.00	320.00	410.00	240.00		\$2,030.00
85L Simple Cremation, Inc. - SW (Durango)	510.00	440.00	440.00	480.00	480.00	410.00		\$2,760.00
86L Simple Cremation Inc. Henderson (Lake Mead)	510.00	470.00	440.00	350.00	510.00	550.00		\$2,830.00
89L Simple Cremation Inc. - Sparks (Rock)	380.00	310.00	260.00	300.00	400.00	370.00		\$2,020.00
90L Simple Cremation - East (Sahara)	600.00	740.00	560.00	520.00	650.00	700.00		\$3,770.00
Total Simple Cremation, Inc. -	2,890.00	2,890.00	2,470.00	2,400.00	2,990.00	2,690.00		\$16,320.00
Smith E LLC								\$0.00
135 Star Mortuary	180.00	140.00	0.00	290.00	290.00	250.00		\$1,150.00
137 Star Mortuary	200.00	280.00	180.00	270.00	220.00	170.00		\$1,320.00
89 Star Mortuary (Funeral Smith)	40.00	30.00	330.00	20.00	70.00	40.00		\$530.00
Total Smith E LLC	420.00	450.00	510.00	580.00	580.00	460.00		\$3,000.00
Southern Nevada Funeral Services, LLC								\$0.00
2 Lee Funeral Home	190.00	210.00	130.00	220.00	170.00			\$920.00
Total Southern Nevada Funeral Services, LLC	190.00	210.00	130.00	220.00	170.00			\$920.00
The Funeral Directors Management Group								\$0.00

State of Nevada Funeral and Cemetery Services

Sales by Customer Summary

July 2023 - January 2024

	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	TOTAL
49 Moapa Valley & Virgin Valley Mortuaries	100.00	50.00	110.00	90.00	80.00	90.00		\$520.00
Total The Funeral Directors Management Group	100.00	50.00	110.00	90.00	80.00	90.00		\$520.00
TOTAL	\$21,650.00	\$23,390.00	\$21,550.00	\$20,770.00	\$23,690.00	\$21,340.00	\$50.00	\$132,640.00



Empowering
Regulatory
Transformation



A Modern, SaaS Platform for Regulators, by Regulators

Streamline Regulation with Thentia Cloud:
Empowering Compliance, Ensuring Enforcement
and Efficient Licensing

Presented to: Nevada Funeral and Cemetery Services Board

January 10, 2024

Cost Estimate

521 Active Registrants

\$18,000 Annually

Price Per Active Registrant Per Month: \$2.88

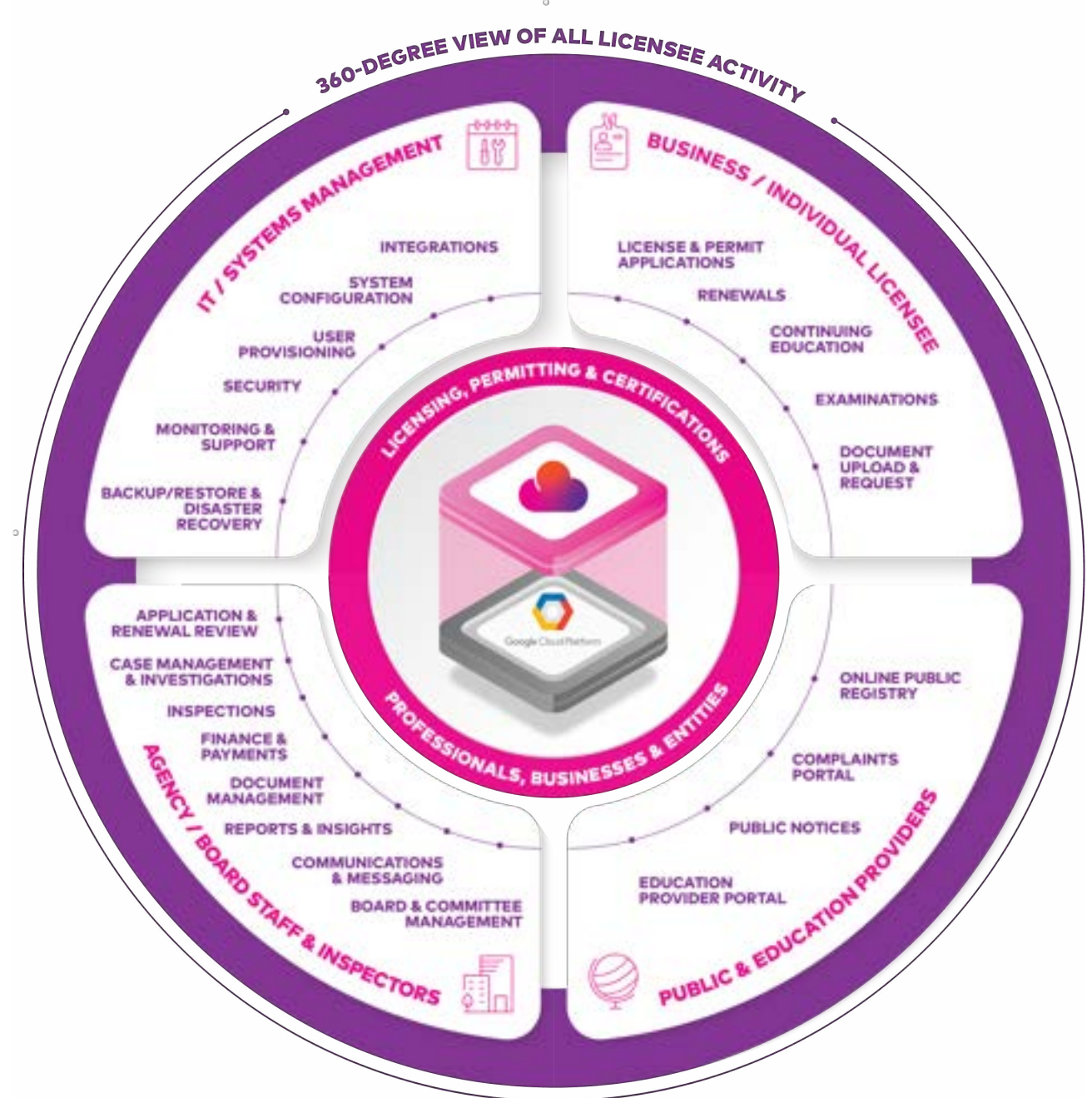
Net 30 Days- Billed Annually

**Alternative Payment Plan Options Available If needed*

Included Features

- Application Portal
- Licensee Portal
- Licensing Portal
- Public Register Portal
- Inspector Portal
- Online Complaints Portal
- Business Portal
- Workbench Portal
- Communication Module
- Governance Module
- Finance Module
- Security Module
- Analytics Module
- Data Extracts
- Embedded Analytics and Reporting
- No Limit on Data File Types or Storage
- Upcoming Product Updates Included

**Simplify, automate,
and digitize the
complete licensing
and renewal process
with Thentia Cloud.**



One tool for all your stakeholders

Thentia's World Class Streamlined Onboarding

KICKOFF



Kickoff Meeting

- **Dedicated CSM**
- Introduction
- Roles and POCs
- Thentia Onboarding Process
- Deployment Plan alignment

PRE-DELIVERY



Guided Workshops

- Set critical dates
- Branding guidelines
- **Data gathering and mapping**
- Defined Business Outcomes
- Configurations through user stories and visuals
- **Vertical based templates**

DELIVERY



An Iterative Experience

- Dedicated Delivery Team
- Workbench and Portal
- Configuration
- Data Validation
- Guided User Acceptance Testing workshops

POST DELIVERY



Ready When You Are

- Fully configured and production ready customer instance
- Final data load for cutover
- **Warm Handoff to Thentia Support and Customer Success**

CUSTOMER SUPPORT



Onboarding Complete

Reach out to Support@Thentia.com for continued support

Your Customer Success Manager is your single point of contact.

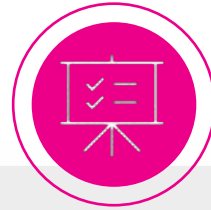
Thentia Customer Journey



Time to Value

Your dedicated customer success manager will:

- ✓ Guide implementation process
- ✓ Align and deliver desired outcomes
- ✓ Deliver value quickly



Implementation

During implementation, your CSM will:

- ✓ Act as a lens into your project
- ✓ Coordinate all project resources
- ✓ Provide guidance, escalation & critical updates for a successful launch



Training & Adoption

- ✓ Full training via our dedicated team
- ✓ Support to ensure a seamless transition onto the platform
- ✓ Users are empowered to perform mission critical tasks



Ticket Management & Escalation

- ✓ Multi-layered support model
- ✓ Service desk team
- ✓ Regular cadence for ticket management
- ✓ CSM supports entire process



Change Requests

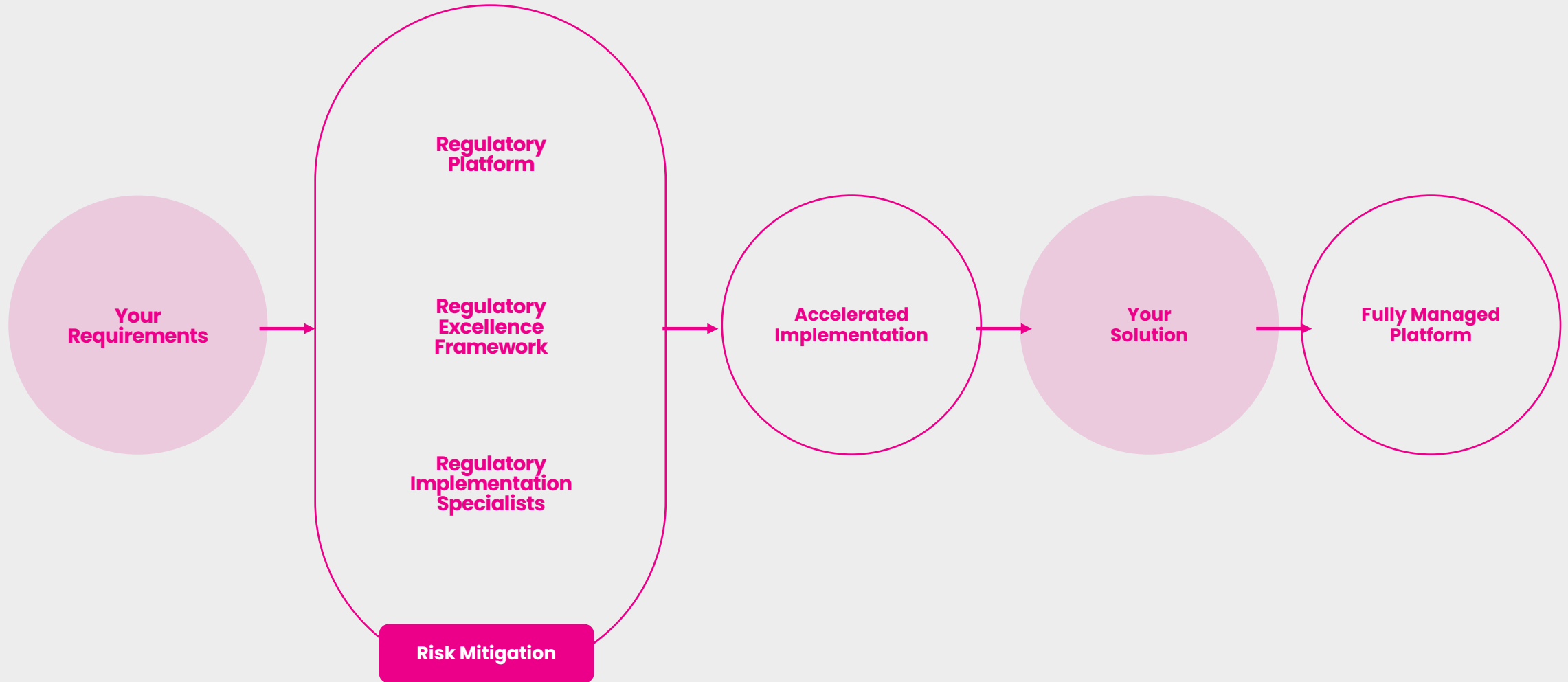
- ✓ All change requests are managed by your CSM
- ✓ Your CSM ensures a vehicle for growth and customization within the platform



Relationship Management

- ✓ Your CSM advocates at a board level
- ✓ C-suite for central agencies
- ✓ MBR / QBR

Implementation Differentiation



Thank you



Appendix 2 - STATEMENT OF WORK

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1. OVERVIEW

1.1. Statement of Work

Client has purchased licensing for the Thentia Cloud Software-as-a-Service (“SaaS”) solution. Client may utilize Thentia training modules available to configure Thentia Cloud. However, this SOW outlines how Thentia will onboard Client at no additional charge.

Client acknowledges that Thentia may incorporate pre-built components and pre-existing software packages into deliverables to be developed under this SOW.

This SOW represents the complete baseline for scope, services, service deliverables, and acceptance applicable to this project. All changes to this document will be managed in accordance with the change management process described at section 5.6 below.

1.2. Project Objectives

The objectives of this project include:

- Implementation of Thentia Cloud configured as per the Client approved Solution Package
- Upload of existing Client data into Thentia Cloud
- Training of Client staff
- Transition to Customer Operations Support and connecting Client to Service Desk

2. FEES

2.1. Fees Applicable to this SOW

Professional Services / Project Fees

One-Time Cost

Professional Services / Project Fees	\$0 (\$30 – 100% discount)
--------------------------------------	----------------------------

One-Time Cost	One-Time Cost
Support Services	\$0

Change Request Fees	Per Hour
Change Requests (Additional Professional Services)	\$225.00

2.2. Payment Terms

- a. This SOW and any invoice delivered by Thentia to Client will include all the payment terms for fees payable by Client to Thentia.
- b. **“Rates Increase”** means an increase by an amount that is the greater of (i) 2% and (ii) the increase in the annual U.S. Consumer Price Index (all-items) as published by the U.S. Bureau of Labor Statistics.
- c. All fees for any professional services to be paid by Client and associated payment terms will be set out in this SOW. Professional Services Fees may be calculated on a time and materials basis at the rates specified in the applicable SOW, on a fixed fee basis or on such other basis as may be specified and agreed in a particular SOW.
- d. No more than once per calendar year following the first anniversary of the Effective Date, Thentia may apply an annual increase to Change Request fees. Thentia will provide Client with prior written notice of each applicable Rates Increase.
- e. All amounts referred to herein are denominated in U.S. dollars.

3. SCOPE OF PROJECT

Thentia Cloud provides a number of features that can be enabled for Clients as needed to meet their specific requirements. The following are the product features that will be provided as part of this implementation.

Product Feature	Included
Applicant Portal The web portal used by applicants to establish an account with the regulatory body and apply for a license.	Configuration of the Applicant Portal to support the following types of applicants for individuals: Application Type <ul style="list-style-type: none"> • License Type

<p>Licensee Portal The web portal used by existing licensees/registrants to view and update their profile, register and report on continuing education activities, make payments, renew their license and download wallet cards.</p>	<p>Configuration of the Licensee Portal to support the following types of individual licensees/registrants:</p> <p>Application Type</p> <ul style="list-style-type: none"> • License Type
<p>Public Register Portal The public-facing licensee/registrant database with searchable records displaying the licensee's profile including authorizations, public notices and any other information required by legislation. Public Register Portal allows the public to search for status of the licensee or business and displays disciplinary actions and licensee history.</p>	<p>Configuration of standard Portal functionality included.</p>
<p>Inspector Portal Case management solution to accommodate site assessors, designed to accommodate the process of scheduling inspections, collaborating, and collecting data on subjects.</p>	<p>Configuration of facility-based inspections for the following processes:</p> <ul style="list-style-type: none"> • Initial Inspection • Re-Inspection • Unscheduled Inspection <p>Configuration of an inspection associated with an entity/facility application</p>
<p>Online Complaints Portal Members of the public can submit a complaint about a licensee and detail specific information related to the complaint in support of any investigatory needs.</p>	<p>Configuration of the standard online complaint intake form for complaints about a licensed licensee or entity</p>
<p>Business Portal</p>	<p>Configuration of the Business Portal to support the following types of licensees/registrants.</p> <p>Initial Application:</p> <p>Application Type</p> <ul style="list-style-type: none"> • License Type <p>Renewals:</p> <p>Application Type</p> <ul style="list-style-type: none"> • License Type
<p>School Portal Education institutions can submit student information to the regulator for a student license and record experience hours reports for that student. This portal is primarily directed at trade institutions that receive experience hour reports.</p>	<p>Configuration of the School Portal to support student license application and experience hour submissions.</p>
<p>Workbench Portal The administrative back-office used by Client staff to manage licensees and configuration of</p>	<p>Configuration of standard functionality for the Modules:</p> <ul style="list-style-type: none"> • Governance Module

<p>Thentia Cloud. The Workbench Portal provides access to the functional Modules outlined in this table.</p>	<ul style="list-style-type: none"> ● Communications Module ● Continuing Education Module ● Complaints Module ● Register Module ● Finance Module ● Configuration Module ● Security Module ● Analytics Module
<p>Governance Module Provides the ability to track board members and their membership terms, as well as the ability to serve as a document repository for board members to access.</p>	<p>Member records can be created to create committees. A separate document repository is also available to committees. Case dispositions related to the committee can also be managed within the Governance Module.</p> <p>Board meetings are also included in the module. Meetings can be scheduled, with meeting invites sent from the system itself, including agenda, web and teleconference joining options. Meeting notes can be recorded about a meeting while it is in progress, including start and end times, attendance, quorum, facilitator, recorder, and timekeeper, and notes about the meeting. Motions and votes can also be recorded.</p>
<p>Communications Module Ability to send mass emails to customizable lists of licensees</p>	<p>Our team can configure bulk transaction emails. Transactional emails and letter templates are configurable. Client to provide one email template per transaction scenario.</p>
<p>Continuing Education Module The Continuing Education Module allows the configuration of credit/hour based continuing education programs by license type. This includes whole program requirements as well as categorical requirements. Additional continuing education can be configured for authorizations, should that be required.</p>	<p>Configuration of the Continuing Education Module to support the following types of continuing education: Hours completed, type of education, provider of education, dates, total required hours according to license type</p>
<p>Complaints Module Ability to manage incoming complaints and case management for ongoing investigations.</p>	<p>Configuration of the Complaints Module includes:</p> <ul style="list-style-type: none"> ● Complaint Types ● Case Stages ● Case Categories ● Case Statuses ● Disposition Types ● Disposition Statuses ● Public Notice Types
<p>Register Module Ability to manage individuals or businesses, including applications, renewals, change requests and all other registration matters pertaining to an individual or business.</p>	<p>Configuration of the Register Module is included.</p>

<p>Finance Module Ability to manage fee schedules, creation of invoices and payments.</p>	<p>Configuration of the Finance Module includes:</p> <ul style="list-style-type: none"> • Fee Items
<p>Configuration Module Allows for the management of configurable components within Thentia Cloud. This includes branding, contact information, license types, application types, required documents, navigation items, string resources, inspection checklists, payment processors, certificate & wallet card templates, lists, and more.</p>	<p>Access to the Configuration Module can be granted to super users on a case-by-case basis.</p>
<p>Security Module Ability to manage staff user credentials and privileges with Role Based Access Control (RBAC)</p>	<p>Configuration of the Security Module is included. This module Includes the configuration of internal users, user groups and role-based access control for each.</p>
<p>Analytics Module Write and execute SQL queries on any data point in Thentia Cloud. The Analytics Module also enables the export of data, visualizing the information in graphics, and assembling graphics and queries into dashboards.</p>	<p>Predefined reports provided as part of the product – Please see <i>Attachment A</i> for report listing.</p> <p>Clients can create their own reports using SQL queries within the Analytics Module. All data within the product is exposed for use within the Analytics Module.</p> <p>All reports can be exported to CSV or Excel format.</p>
<p>Integrations Ability to send messages (API Calls) based on triggered events within the system to an external API and/or receive messages from external systems.</p>	<p>Payment processor</p> <ul style="list-style-type: none"> • Assumes payment processor is one of the following payment providers: [Payment.Processor] <p>Integrations with System X to facilitate data extract to an external recipient for regulatory reporting</p>
<p>Data Extracts</p>	<p>Regular (i.e. daily, weekly, monthly, annually) data extracts:</p> <ul style="list-style-type: none"> • eHealth reporting • Regulatory reports for external stakeholders

Product features that are currently not in scope can be added as a Change Request or separate project and are not included in the scope of this project.

Additional features may be added as part of the ongoing enhancement and management of the Thentia Cloud product. As features become available, they will be categorized as follows:

1. General features/functionality that do not require configuration.

- Client receives these automatically at no additional cost if Client is on the latest version of the Thentia Cloud product. (Examples: new reports, usability updates to interfaces, etc.)
2. Features/functionality that require services to configure to meet Client requirements.
 - These additional services can be added as a Change Request or a separate SOW and are not included in the scope of this project. (Examples: new portals, new modules)

3.1. Additional Product Assumptions

The following are additional product assumptions that impact the implementation of features:

Accessibility

- Must meet compliance standards including but not limited to WCAG Level AA.

Browser Support

- All applications must run on modern W3C compliant browsers, including tablet and mobile device platforms such as Apple and Android. These browsers include, but are not limited to, current and the three last versions of Firefox, Opera, Google Chrome, Microsoft Edge and Safari.

3.2. Project Completion

The project will be considered complete when any of the following are met:

1. All of the service deliverables identified as in-scope within this SOW have been completed, delivered and accepted or deemed accepted, including approved Change Request Forms; or
2. A signed Project Completion Form has been received from the Client; or
3. All Level 1 and 2 application defects discovered during the User Acceptance Testing (“UAT”) phase have been fixed during the UAT phase and code delivery has been validated by the Client within 10 days of delivery; or
4. The solution is in functional use either internally or externally; or
5. This agreement is terminated pursuant to the provisions of the agreement.

4. PROJECT ACTIVITIES

The following describes the activities that will be performed, and the deliverables provided as part of the project.

As part of our commitment to ensuring a seamless delivery process, within 10 days of contract signing, Client shall provide 3 date availability options (each at least 30 days from date of signing, spanning 5 consecutive days) for participation in a series of pre-delivery workshops. One of the three options will be chosen by Thentia. Additionally, Client agrees to be available 2 hours per day,

three days per week, during the delivery phase, and will make all required resources available to complete UAT in a workshop approach over a period of 3- 5 consecutive days.

4.1. Project Description

Thentia will onboard and collaborate with Client to initialize, configure and launch Thentia Cloud for the designated Client organization. As part of the project, Thentia will upload Client's data and provide training services to prepare Client for launch. Thentia will also provide transition to post-launch maintenance and ongoing Client support services provided by the Thentia *Service Desk* and Thentia *Customer Success Team*.

The project will be managed based on industry standard project management and software delivery methods as described in this section.

4.2. Project Team and Stakeholder Responsibilities

Role	Responsibilities
Client Roles	
Project Sponsor	<ul style="list-style-type: none"> • Reviews and approves documents and deliverables • Participates in workshops to collect and document the scope details • Participates in meetings as required • Participates in the training and UAT activities • Serves as a subject matter expert for business goals/value
Subject Matter Experts	<ul style="list-style-type: none"> • Participates in meetings as required • Participates in design of business processes • Performs data mapping in the Thentia <i>Data Mapping Template</i> • Conducts data clean-up to ensure the data is accurate and up to date • Executes UAT
Thentia Roles	
Customer Success Manager	<ul style="list-style-type: none"> • Owner of overall Client relationship • Stakeholder in Client implementation project • Point of escalation on relationship matters during implementation project
Program Manager	<ul style="list-style-type: none"> • Provides program level oversight and expertise • Point of contact for external oversight committees, if applicable • Point of escalation on project related matters during implementation project

Project Manager	<ul style="list-style-type: none"> Actively manages, communicates, and mitigates project risks / issues and escalates when necessary Manages sponsors, stakeholders, and team expectations throughout the project Provides detailed project planning documentation (risk management log, status reports, schedule, etc.) Responsible for managing the execution of all project milestones/deliverables Provides leadership and actively manages the project team resources within the confines of the project Manages project scope and escalates issues and risks where necessary
Project Coordinator	<ul style="list-style-type: none"> Assists the Project Manager with the coordination of resources, meetings, and information
Regulatory Consultant	<ul style="list-style-type: none"> Provides subject matter expertise on regulation and/or regulatory processes
Analyst/Implementation Specialist	<ul style="list-style-type: none"> Leads the workshops to define the scope for the project Works closely with Client to ensure the project meets business needs Configures the system in alignment with the signed-off <i>Solution Package</i> Supports Client during training, UAT and launch activities
Trainer	<ul style="list-style-type: none"> Provides eLearning modules to Client Analyzes training needs with client Coordinates with client to schedule training Conducts required training on Client configuration before UAT Documents training feedback from Client
Technical Architect	<ul style="list-style-type: none"> Provides enterprise integration with external systems Designs custom architecture and technical solutions, if required
Quality Assurance	<ul style="list-style-type: none"> Performs quality assurance/functional testing Executes smoke testing Executes penny testing (payment processor)

4.3. Project Phases, Activities and Deliverables

Activity	Details	Thentia Key Activities	Client Key Activities
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Phase 1: Planning and Initiation			
<p>Kick-Off Meeting</p>	<p>The purpose of the Kick-Off meeting is to facilitate introductions, review and confirm the scope of work, align on the implementation approach and roles and responsibilities, and review the high-level timeline.</p> <p>NOTE: The timeline will be re-baselined once the Solution Package is signed-off by Client as part of Phase 1.</p>	<ul style="list-style-type: none"> ● Introductions ● Review scope of work ● Review roles and responsibilities ● Review implementation approach ● Review high-level timeline ● Provide link to eLearning Modules ● Next Steps 	<ul style="list-style-type: none"> ● Introductions ● Confirm Scope of Work ● Confirm Client responsibilities ● Approve high-level timeline ● Approval to proceed
<p>Collecting Information/Sample Data</p>	<p>Thentia will provide links to secure folders where Client can upload:</p> <ul style="list-style-type: none"> ● Relevant documentation regarding current applications, workflows, etc. ● Sample Data ● Payment processor information ● Templates for certificates and wallet cards. Client will need to review and make desired updates. <p>NOTE: Sample data must be a representation of the full dataset in the Client's current system. This robust dataset will enable Client to confirm during UAT that data is being loaded properly into the</p>	<ul style="list-style-type: none"> ● Provide access to secure folders ● Deliverable - Provide Thentia standard Data Dictionary and Thentia Data Mapping Template to Client 	<ul style="list-style-type: none"> ● Deliverable - Provide documentation and templates via the secure folders ● Deliverable – Provide payment processor information via the secure folders ● Perform data mapping ● Deliverable - Provide sample data in the Thentia required format and template via the secure folders

	<p>Thentia Cloud system.</p> <p>Sample data is not the final dataset and should not be considered the final dataset, in part or in whole.</p>		
Solution Package	<p>Thentia will create a solution document (“Solution Package”) that fully outlines the scope that will be delivered. This document is signed off by the Client before configuration begins.</p>	<ul style="list-style-type: none"> • Schedule and facilitate workshops to document scope • Deliverable – Solution Package 	<ul style="list-style-type: none"> • Participate in workshops and collaborate with Thentia team to identify scope • Review and sign-off on Solution Package
Detailed Project Timeline	<p>The Detailed Project Timeline will be created once Client has signed off on the Solution Package and scope is agreed upon. Client will approve the Detailed Project Timeline and the project plan will be re-baselined for progress measurement and status tracking for Phase 2 and 3 of the project.</p>	<ul style="list-style-type: none"> • Deliverable – Detailed Project Timeline • Re-estimate schedule and cost based on any new requirements identified – this will follow the Change Management process outlined in section 5.6 	<ul style="list-style-type: none"> • Review and approve Detailed Project Timeline • Formal sign-off of any change requests to update budget and timelines, if required
Phase 2: Execution			
Configuration	<p>Configuration of the environment is completed using an iterative approach. Client collaboration during the configuration process is critical for implementation success.</p>	<ul style="list-style-type: none"> • Iterative solution configuration based on Solution Package • Configure integrations as required, including payment processor integration 	<ul style="list-style-type: none"> • Participate in configuration workshops and provide feedback to project team • Deliverable - Provide documents for email and letter templates • Deliverable - Provide

		<ul style="list-style-type: none"> • Create data extracts as required • Deliverable – Working Thentia Cloud system 	<p>credentials for integrations as required via the secure folders</p>
Data Upload – Sample Data	<p>Thentia will upload Client sample data into the sandbox environment.</p>	<ul style="list-style-type: none"> • Upload Client provided sample data 	<ul style="list-style-type: none"> • Validate sample data upload into sandbox environment • Correct data and data mapping file as required • Deliverable - Sign-off on sample data upload via the UAT sign-off form (post UAT completion)
Testing	<p>Client will be required to complete User Acceptance Testing (UAT). Our iterative approach includes multiple user acceptance test cycles as the portals and modules are configured. This allows Client to engage with the solution much earlier in the implementation process and builds a solid foundation of solution understanding.</p> <ul style="list-style-type: none"> • Client will have access to a sandbox environment for UAT. • Client will be required to complete the eLearning Modules and participate in 	<ul style="list-style-type: none"> • QA testing • Deliverable – Test Exit Report • Deliverable – UAT Guidelines • Deliverable – UAT Feedback Tracker 	<ul style="list-style-type: none"> • Execute User Acceptance Testing • Participate in daily UAT status meetings to provide progress status and feedback details to the project team • Complete the UAT Feedback Tracker daily for review in the UAT status meetings • Sign-off on User Acceptance Testing – this includes functionality and data upload sign-off

	<p>training on Client's specific configuration with a Thentia trainer before UAT begins.</p> <p>Thentia will complete the following testing as part of Phase 2:</p> <ul style="list-style-type: none"> • QA testing – This test is to validate that portals and modules are working in the sandbox environment ahead of Client UAT. 		
Training	<p>Please see the Training section for additional details. Training happens in alignment with implementation for each portal and module as they are configured. Client will be trained on the portal or module ahead of the associated UAT cycle.</p> <p>Client will complete the eLearning training modules ahead of the instructor led training before UAT.</p>	<ul style="list-style-type: none"> • eLearning module support • Training needs analysis • Training facilitation • Training evaluation 	<ul style="list-style-type: none"> • Deliverable – complete eLearning modules • Participate in training sessions throughout the Execution phase • Provide feedback via the training evaluation
Phase 3: Launch and Project Closure			
Deployment Planning	Preparing to deploy to the Production environment	<ul style="list-style-type: none"> • Deployment Plan 	<ul style="list-style-type: none"> • Confirm freeze dates and communicate to user base, if applicable
Data Upload – Final Data	Thentia will upload Client final data into the production environment.	<ul style="list-style-type: none"> • Upload Client provided final data 	<ul style="list-style-type: none"> • Deliverable - Provide final data in the Thentia required

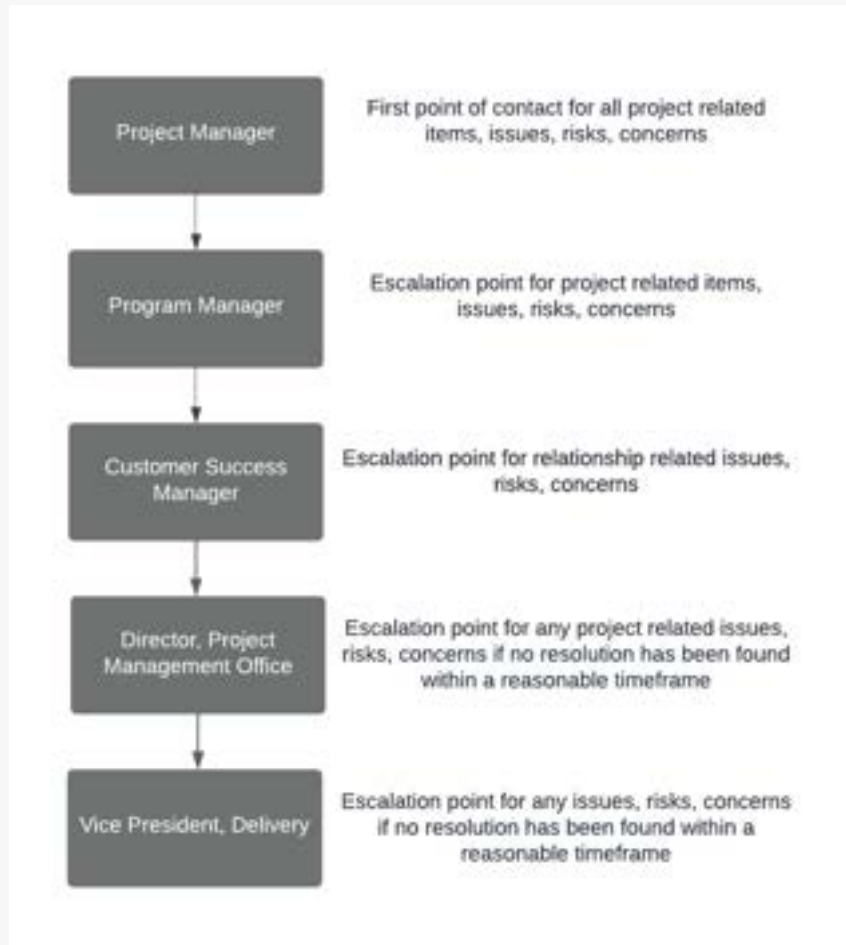
	<p>Final data is the full dataset from the Client system that will be uploaded into the production Thentia Cloud environment. This full dataset must be generated immediately prior to launch as the Client's current system may need to be frozen for the transition to Thentia Cloud.</p>		<p>format and template via the secure folders</p>
Testing	<p>Thentia will complete the following testing as part of Phase 3:</p> <ul style="list-style-type: none"> ● Smoke test – This test occurs after Thentia loads the Client provided final data into the production environment. The QA Team will test the functionality and ensure all is functioning properly before launch. ● Penny test – A penny test is conducted in the production environment to test the connection between Thentia Cloud and the payment processor. The transaction is submitted for a penny. 	<ul style="list-style-type: none"> ● Smoke Test ● Penny Test 	<ul style="list-style-type: none"> ● Validate Production Environment
Go Live	<p>Configured system will be launched to production.</p>	<ul style="list-style-type: none"> ● Production Deployment 	<ul style="list-style-type: none"> ● Confirm Go Live completion

			<ul style="list-style-type: none"> Notify user base as required
Post Go Live Transition	Thentia's project team will transition Client to Thentia Service Desk.	<ul style="list-style-type: none"> Transition to Support team after launch to production 	<ul style="list-style-type: none"> Participate in transition meetings
Project Closure	Customer Success Manager becomes the main point of contact for Client. Project is formally closed.	<ul style="list-style-type: none"> Project closure 	<ul style="list-style-type: none"> Sign-off on project closure

4.4. Support and Escalations During Onboarding

The Project Manager will attend to any questions, comments, or concerns during the project. Thentia will be available to help address all issues during implementation. Escalation process during implementation:

- Escalation may be initiated by Client or by Thentia. Three business days are required between an escalation request and a response or resolution from the next individual in the escalation pathway.



4.5. Exclusions

The following are not included in the scope of this project:

- Updates to the Client's public facing website or other websites not part of the Thentia Cloud product
- Ongoing training and change management after the launch of the Thentia Cloud product
- General information technology consulting services, cloud migration, analytics-as-a-service
- Adding, configuring and/or changing user permissions and access rules
- Cleaning up or correcting data, performing data mapping
- Any item not specifically listed as in-scope

4.6. Project Schedule

NOTE: The Project start date will be mutually agreed upon by both Thentia and Client following receipt of Client payment.

Project Phase / Deliverable	Duration (weeks)
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Phase 1: Planning and Initiation	2-4
Phase 2: Execution	4-12
Phase 3: Launch and Project Closure	4

If there are any delays in the sign-off of the project and the project start date is delayed, the remaining delivery dates will be shifted in accordance with the delay. Changes to the duration of the project will be handled through the Change Management process.

NOTE: The above durations are estimates. The high-level project plan will be created in Phase 1 of the project and reviewed with Client as part of the kick-off meeting. Once the Solution Package is signed off by Client, a Detailed Project Timeline will be created and approved by Client. The schedule will then be baselined for Phase 2 and 3 of the project.

4.7. Client Responsibilities

The following is a list of Client responsibilities required for this Agreement. Thentia has established the schedule and pricing for services by thoughtfully considering the items below. If an item identified below does not occur in the expected manner or within reasonable time frames, such circumstance may constitute a change that will require an adjustment to the schedule and/or price.

- Procurement of software licenses as required
- Participation of stakeholders in scheduled workshops, training sessions, etc.
- Provision of sample and final data in CSV format and adhering to the Thentia Data Mapping Template
- Execution of UAT
- Complete or accurate details provided in the workshops
- Timely sign-off on the Solution Package
- Accurate data file(s) - poor data / missing information or deviation from the Thentia Data Mapping Template may require additional time and cost to address / resolve
- Timely delivery of necessary information - Delays in responses, cancellation of scheduled meetings, User Acceptance Testing and other related feedback/information.
- Management of 3rd party stakeholders or vendors in alignment with the project plan timelines
- Responsibilities as outlined in section 4.3 above

4.8. Assumptions

- Active Client participation for *Solution Package* and configuration workshops, as well as during portal-based training and UAT.
- Resources (noted in this section 4) will be available by both Client and Thentia to adequately implement the product within the mutually agreed timelines.
- All test cases will be prioritized; priority levels will be mutually agreed upon in accordance with the project schedule.
- Client will follow Thentia guidelines for documenting issues during the UAT phase of the project in order to ensure that issues are clearly documented for resolution by the Thentia team.
- Timely delivery of any dependent material from Client in accordance with the project schedule. Any delays resulting from waiting for delivery of dependent material may impact the project timeline and require revisions to estimates.
- Thentia Cloud product functionality is available at the time configuration activities start. If there are any product features that are yet to be released that Client is dependent upon, the schedule will be updated to reflect this product release dependency.
- Documentation will adhere to Thentia documentation templates and standards.
- Data will be provided by client within agreed upon timelines and will adhere to the Thentia Data Mapping Template (CSV format).
- Coding standards applied will adhere to Thentia coding standards.

5. PROJECT MANAGEMENT AND SOFTWARE DELIVERY METHODOLOGY

5.1. Communications

The following are the types of communications provided by the Thentia Project Team:

Communication	Frequency	Goal	Owner	Audience
Kick-Off Meeting	Once	Introduce the Project Manager and implementation team. Review Objectives.	Project Manager	<ul style="list-style-type: none">• Project Sponsor• Project Team• Stakeholders

Status Report	Weekly	Review implementation status and discuss any potential issues or risks.	Project Manager	<ul style="list-style-type: none"> • Project Sponsor • Project Team • Stakeholders
Project Evaluation	Post-Go-Live	Gather feedback and discuss next steps for Customer Success check-ins.	Customer Success Manager	<ul style="list-style-type: none"> • Project Sponsor • Project Team • Stakeholders

5.2. Quality Assurance

Thentia adopts an iterative approach to ensure a high level of quality during the configuration, testing and final delivery of its service.

5.2.1. Testing Approach

Onboarding Configuration Team

- Configures each portal and module in accordance with the signed-off *Solution Package*
- Conducts unit and system tests
- Resolves variances, as needed

QA Team

- The QA Team will execute test scenarios using test cases, recording the results 'Pass or Fail'
- If the test fails, a 'Bug' ticket is created and assigned to the configuration team
- Re-test defects, re-assigns to the project team if not resolved
- QA continues with the testing until each test scenario has achieved a score of 'Pass'

User Acceptance Testing (UAT)

- Thentia will provide UAT guidelines to Client to guide the test cycle
- Client will have access to a sandbox environment to perform user acceptance testing
- Client and Thentia project team will meet daily during UAT to review Client progress and discuss UAT issues/findings
- Thentia will review and adjust the configuration as needed based on the details reviewed and agreed upon in the daily UAT meeting
- Client continues testing until all test scenarios are completed and defects have been resolved or acceptable workarounds are in place.

5.3. Data Upload

Data upload is the process of uploading the data provided by Client in the Thentia template and format into Thentia Cloud. The process involves Client cleaning of the data, assessing the data quality, and mapping the source to the target. Thentia will load the data into Thentia Cloud and perform verification procedures to ensure data has uploaded correctly.

Thentia will provide Thentia's Standard Data Dictionary and Data Mapping Template to Client. Client will complete the Data Mapping Template and send to Thentia in Thentia's standard format (CSV) for review via secure folders.

Sample data:

- is a representation of the full data set in the Client's current system. This robust data set will enable Client to confirm that data is being loaded properly into the Thentia Cloud system.
- Sample data is not the final data set and should not be considered the final data set, in part or in whole.
- Attachments and images are considered part of data for migration and must contain an identifier to link to the correct licensee record.
- If sample attachments and images are available, these can be included in the sample data upload into the sandbox environment.
- Production attachments and images must not be uploaded to the sandbox environment due to Thentia's sensitive data protection policies.

Final data

- is the full data set from the Client system that will be uploaded into the production Thentia Cloud environment.
- This full data set must be generated immediately prior to launch as the Client's current system may need to be frozen to for the transition to Thentia Cloud.
- Attachments and images are considered part of data for migration and must contain an identifier to link to the correct licensee record.

The following is a summary of events to ensure the quality of data:

1. Client to map all data and fill in the Thentia Data Mapping Template and send the file to Thentia via secure folders.
2. The Thentia implementation team will load the data into Thentia Cloud and identify any data issues
3. Discuss and review any data issues found with Client; Client to resolve issues and provide an updated data mapping file to Thentia

4. Repeat steps one (1) through three (3) until all the data is accurate and loaded successfully
5. Client will have access to the sandbox environment to conduct data testing as part of the UAT cycles

Client owns the data and the accuracy of the data mapping file. No data changes will be made by Thentia. If the data quality is poor (i.e., data is missing values or information is incorrect) during the data upload, it may impact the project schedule and potentially alter or delay the launch date as well as incur additional costs for Client.

The following table outlines the responsibilities for completing each activity.

Data Activity	Thentia Key Activities	Client Key Activities
Cleaning and preparing source data	<ul style="list-style-type: none"> ● Provide Thentia Standard Data Dictionary and Thentia Data Mapping Template to Client 	<ul style="list-style-type: none"> ● Clean-up of the source data (i.e. duplicate email or home addresses)
Data Mapping	<ul style="list-style-type: none"> ● Answer questions as required to a maximum of 20 hours 	<ul style="list-style-type: none"> ● Map all data in the Thentia Data Mapping file, adhering to the template and provide the file to Thentia in the format of Excel (CSV). ● Define business rules, if applicable
Load the Data and Validate	<ul style="list-style-type: none"> ● Load the data into the sandbox environment ● Identify any data issues 	<ul style="list-style-type: none"> ● Clean-up the data, as required ● Review and update business rules, as required ● Resolve data issues ● Update data mapping file as required
User Acceptance Testing (UAT)		<ul style="list-style-type: none"> ● Conduct data testing during UAT to ensure the data is as expected ● Sign-off on data upload as part of UAT sign-off

5.4. Training

Just-in-time instructor led learning will take place before Client UAT begins so information learned is applied almost immediately. Reference materials are provided to assist users as they work in the platform.

When and Where: Training typically starts five to seven (5-7) weeks before the set go live date and occurs online, both as eLearning modules and a minimum of 1 session with a trainer before Client begins UAT in the sandbox environment, and a minimum of 1 session after go-live. Please note that in-person training will require additional fees not included in this Scope of Work.

Training sessions with trainers are between 1-1.5 hours each. If there are additional portals or modules configured (i.e. inspections, schools), Thentia will provide access to eLearning modules and will assess learning needs for the additional portals or modules for a possible trainer led session.

Schedule: A schedule will be completed once a trainer is assigned. Thentia will work with Client to ensure all users have access to the eLearning modules and that trainer sessions are offered at a time when most users can attend. Please note trainings will also be recorded and subsequently provided to Client.

Additional Materials: All trainer sessions are recorded and provided to Client for continued use. Client will also receive early and ongoing access to eLearning modules, quick-reference guides, access to how-to videos, and FAQ sheets.

Who: Thentia can deliver training to the audiences of Client's choice.

Agenda: The agenda will be determined based on Client needs, which can be role based (see topics below) if required

Role	Topics
All	<ul style="list-style-type: none"> ● Overview ● Login Process ● Navigation and Common Elements
Administrator	<ul style="list-style-type: none"> ● All topics
Accounting	<ul style="list-style-type: none"> ● Invoicing ● Payments ● Financial Reports
Licensing	<ul style="list-style-type: none"> ● Applications ● Renewals ● Continuing Education ● Document Requests ● Name Change Requests
Compliance	<ul style="list-style-type: none"> ● Online Complaints ● Case Management ● Public Notes

5.5. Support

The Service Desk will receive and direct services requests and triage, prioritize, and escalate Client requests for incidents and technical issues related to the use of the Software and address technical and configuration issues that may arise. If the Software does not operate in accordance with the Software Features, or has any other operational defect, limitation, failure or deficiency, Client's sole and exclusive rights and remedies in respect of such shall be the provision of the Support Services and Thentia shall not be liable to Client for damages of any kind or nature.

Thentia offers customer support via the Portal, Email, and phone. The Portal will be the main source of support; all items logged over phone and email will be converted to a task ticket within the Portal. The Client will be able to track the progress and communication around task tickets via the portal.

Ticket Submission. Requests submitted to the Service Desk must be submitted only by the Client authorized representatives as communicated to Thentia by Client. Tickets may be submitted through the Support Portal, by email to support@Thentia.com or by phone to 1 800 961 1549. Thentia requires Clients to file tickets via the Support Portal for requests submitted by email, as email can be marked as a phishing scam at the mailing server. Phone support is only for the rare instances where the Support Portal is down, and any requests submitted by phone will be converted to a ticket.

Submissions other than Incidents. All service requests may be submitted through the Service Desk. Service requests other than incidents, such as for training, change requests or new feature requests, shall be routed for response and fulfillment to an individual designated for such purpose, at additional cost. The incident response process and target Initial Response and Resolution Time shall not apply to such service requests, and Thentia may direct Client to address such requests under a separate SOW if a request requires the provision of Professional Services

Portal: <https://support.thentia.com>

Email: support@Thentia.com*

Phone Number: 1 800 961 1549*

* Notes: Phone support is in the rare occurrence of system-down situations and will be converted to a ticket. Additionally, we require Clients to file tickets via the portal as email can be marked as a phishing scam at the mailing server.

Standard support hours are Monday through Friday 8:00 a.m. to 8:00 p.m. EST. excluding national holidays. For calls, emails, and task tickets logged outside of support hours, Client can expect a response the next day.

Support options within the Portal are categorized in the portal as "Bugs/Maintenance," and 'Support and Question". An overview of each is below.

- Reporting a Bug / Maintenance Support – Maintaining functionality of the current system is free of charge. This is limited to troubleshooting and service restoration only. For this, select “Report a bug or Maintenance Support” in task ticket portal.
- Questions, Training, Clarifications – For questions and clarifications select “Support and Questions.” Additional support hours for questions, training, and clarifications will be offered at the rates in section 2.2.

Only the Client’s designated staff trained on Thentia software will have access to Thentia Support portal and be able to log a task ticket.

Support services cover only products purchased from Thentia Platform. Thentia Platform is not responsible in any case when service interruption results from the failure of products not delivered by Thentia Platform. This includes but is not limited to network infrastructure, interfaced legacy systems, monitors and other display devices, accessories, etc.

Support services does not provide direct support to end users.

5.5.1. Service Levels

Service Level. The target Software Availability service level for the Software production environment is 99.9% in the Measurement Period, measured by dividing the Software Availability minus Unscheduled Downtime by the Software Availability. Thentia will use commercially reasonable efforts to achieve the target Software Availability service level, however Thentia will not be liable to Client for any failure to meet the service level and any such failure shall not be a breach of the Agreement.

Maintenance Periods. Emergency maintenance may be performed at any time, as Thentia determines is required; provided emergency maintenance is deemed Unscheduled Downtime. During any time that Thentia provides notice that Scheduled Maintenance is required and agrees at the request of Client not to proceed, then such will be deemed a service level exception and Thentia will not be responsible for any failures that are the result.

Exceptions to Service Level Failures. Thentia will not be responsible for a failure to achieve the Software Availability service level to the extent such failure is caused by:

1. a breach of this Agreement by, or an act, error or omission of, Client or other person that Client is responsible for;
2. an event of Force Majeure;
3. services, systems, hardware, or software not provided by or the responsibility of Thentia or its subcontractors; or

4. actions taken by Thentia at the direction of Client where Thentia has notified Client that the action could result in a failure to meet the service level and Client has nonetheless directed Thentia to proceed with the applicable action.

5.5.2. Incident Response and Resolution.

An “**incident**” means any program defect, error, bug or other failure of all or part of the Software that results in the Software not conforming to, or performing in accordance with, the Software Features, as configured under this Agreement. Client’s sole and exclusive rights and remedies in respect of any incident shall be the provision of the Support Services as set out in this Appendix and Thentia shall not be liable to Client for damages.

Incidents will be classified according to the priority level categories and descriptions set out in the table below and Thentia will use commercially reasonable efforts to respond and resolve all incidents within the target time frames set forth below.

Response time shall be measured from the log time with the Service Desk until provision of the Initial Response by Thentia. “**Initial Response**” means Thentia’s initial communication back to Client: (a) acknowledging receipt of the incident ticket; and (b) which may include confirmation of the assigned severity level and a request for any additional information that has been identified as being required from the Client. For greater clarity, automatically generated emails are not considered as the Initial Response.

Resolution Time will exclude any time Thentia is waiting on Client to provide required requested information or assistance. Resolution of an incident may be achieved through the provision of a workaround. “**Resolution Time**” shall be measured from the incident log time with the Service Desk and shall conclude when the incident is resolved.

All incidents identified by Client must be communicated by Client to the Service Desk via the Thentia Cloud portal.

Client Responsible. Client will at the request of Thentia provide Thentia with all available information concerning reported incidents, including the conditions under which such incident occurred and will otherwise reasonably cooperate with Thentia at the request of Thentia in connection with Thentia’s diagnosis and resolution of incidents.

Incident Priority	Service Impact	Target Initial Response Time	Target Resolution Time
Priority 1 – Critical Critical Impact / System Down	Major failure impacting the entire system or multiple modules of the system. This may include: <ul style="list-style-type: none"> ● Network errors 	1 hour, during Support Hours	1 - 4 hours, during Support Hours

	<ul style="list-style-type: none"> ● Database errors ● Software errors 		
<p>Priority 2 – High Critical system issue actively impacting many customers’ ability to use the product.</p>	<p>Major piece of functionality of the system not working as designed (portals, workbench):</p> <ul style="list-style-type: none"> ● A major functionality is broken or misbehaving. ● Applicants are unable to register. ● Active Registrants are unable to renew. ● Unable to generate invoices ● Payment processing not working. ● Cannot log in, no passwords accepted. 	2 hours, during Support Hours	2 - 24 hours
<p>Priority 3 – Medium Minor issues requesting action but not impacting the customer’s ability to use the product.</p>	<p>The issue is impacting the Authorized Users of the product somewhat and should be fixed when possible.</p> <ul style="list-style-type: none"> ● System is slow ● Reporting problems ● Problems with search functionality ● Other minor bugs 	1 business day	5-10 business days
<p>Priority 4 – Low Cosmetic issues and minor bugs not impacting the customer’s ability to use the product.</p>	<p>There is no impact to the system, however this issue should be fixed whenever possible</p> <ul style="list-style-type: none"> ● Text/spelling error ● Other minor cosmetic issues ● Request for information and direction. 	1 business day	5-10 business days

“**Recovery Point Objective**” or “RPO” means the maximum period of time in which Client Data transactions will be lost from the Software following a disaster. RPO is 2 hours.

“**Recovery Time Objective**” or “RTO” means the period of time within the Software will be restored at Thentia’s disaster recover site after a disaster. RTO is 2 hours.

Escalation. Client may escalate incidents that are not responded to or resolved within the target timeframes or other service requests or any other concern as set out in this subsection as illustrated in the diagram below.



Escalation contact information will be provided to Client. Escalation contacts are subject to change on notice to Client.

Escalations can be completed either directly within the Service Desk or via e-mail to the designated contact. All initial problems are managed and responded to by an assigned Thentia representative.

Thentia will work diligently to resolve any outstanding requests or issues presented by Client. If an individual is not able to resolve or does not have the authority to resolve, the issue can be escalated to the next individual in the escalation pathway. Escalation may be initiated by Client or by Thentia.

One business day is required between an escalation request and a response or resolution from the next individual in the escalation pathway.

5.6. Change Management

During the ongoing engagement either Thentia or Client, may request in writing additions, deletions, or modifications to the services described in this SOW (each a “Change”) by submitting a written change request (“Change Request” or “CR”) to the other party that describes the specific changes that are being requested and the reason for the change request. Thentia shall have no obligation to commence work in connection with any Change until the Change is agreed upon in a written “Change Request” signed by the designated Representatives from both parties, entered into in accordance with the “Change Management Process” below. Any signed Change Request will be deemed to amend the SOW to reflect the changes set out in such executed Change Request.

Thentia Representative	Client Representative
Name: Alex Armanious Email Contact: alex@thentia.com	Name: Stephanie McGee Email Contact: director@fb.nv.gov

Additional Notes:

- Change Requests can include any new feature, integration, custom report, or request that is not specifically provided as a product feature or as an implementation deliverable in this SOW. Change Requests can also include schedule and budget changes.
- Change Requests and New Feature Requests require a minimum of four (4) hours of total time, to ensure several task tickets can be grouped together prior to approving a change request that is billable.
- Only authorized users can request a Change Request or Feature Request.
- The Change Management Process is designed to ensure change details are clearly understood and communicated to both the Thentia and Client team. Additionally, the outcome of the process is to produce a course of action that both teams sign-off on.
- Thentia will use commercially reasonable efforts to minimize the additional cost and time associated with a change.
- The Client may not unreasonably withhold its consent to a CR initiated by Thentia or withhold its consent to a Change necessitated due to a delay or failure of Client to perform its obligations under the SOW

The Change Management Process is as follows:

1. Pre-launch, a Change Request (CR) is initiated by the Client or Thentia. Post launch, CRs will be discussed during Quarterly Business Review (“QBR”) sessions. The Customer Success Manager will document and follow up with the customer post QBR session.
2. Thentia will (a) prepare a draft CR; (b) submit the draft CR to Client for approval. The CR provides an estimate of the time and cost associated with the CR and an analysis of the impact of the change.
3. Within three (3) consecutive business days following its receipt of the CR, the Client will either indicate acceptance of the proposed Change by signing the CR or advise Thentia not to perform the Change. In the absence of Client’s acceptance or rejection within the specified time period, Thentia will not perform the proposed Change.

5.7. Change Request Rates

Change Requests will be documented for any scope changes. This includes enhancements to existing capabilities and requests for new capabilities, if necessary.

Please see rates and terms noted above at subsection 2.2.

5.8. Customer Success

Customer success is Thentia's top priority. Client's Customer Success Manager will be a stakeholder in Client implementation project to provide valuable knowledge to the implementation team around business goals that were outlined during the sales cycles. The transition from sales to implementation, and then implementation to customer support, will be assisted by the Customer Success Manager.

On at least a monthly basis, Client will receive communications from its Customer Success Manager.

The Customer Success Manager will set up a series of recurring meetings, including Quarterly Business Reviews to review Client's business goals for the upcoming period.



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

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Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

Executive Director Report – February 7, 2024

Licensing and Renewals

Renewal notices were sent on November 1, 2023, to 122 facilities and 445 individuals. Between November 1 and the date of this report, all facilities have been renewed, and 383 individuals. As of today, there are 62 licenses that have not been renewed, inactivated, or surrendered, specifically 6 embalmers, 12 funeral directors, and 44 funeral arrangers. All licenses expired on December 31, 2023. Individuals may still renew with a late fee but may not act under the license as of January 1, 2024. Renewals close on March 1.

Since the last meeting, I approved the following individual licenses:

Apprentice Embalmer
AE2305 Young, Durrell

Funeral Arrangers
FA327 Baker, Justin
FA332 Castleberry, Anastasia
FA330 Davis, Levon
FA326 Flamm, Faustine
FA333 Robinson, Kyra
FA325 Rosado, Monique
FA328 Sepulveda, Aranza
FA329 Varney, Johnny
FA331 Holderman, Seth

Funeral Directors
FD1012 Buentello, Robert
FD1011 Curnow, Brian
FD1015 Gallegos, Amelia
FD1013 Jones, Kelsa
FD1010 Leonard, Robin
FD1017 Lozano Millan, Maria
FD1016 St. John, Kaeloni

Inspections

Dr. Fazzino is continuing to conduct regular unannounced inspections. He traveled to Las Vegas in November and January to inspect a number of facilities, in addition to completing inspections in Carson City, Douglas County, and Washoe County.

Complaints and Inquiries

Since the last meeting, we logged 6 complaints and received numerous inquiries regarding activities in the industry. Many inquiries can be resolved prior to a complaint but are important to note. A common underpinning of complaints and inquiries is failure to timely communicate with family members/loved ones.

Many inquiries and complaints deal with delay in obtaining a death certificate and/or final disposition. Upon speaking with the Office of Vital Records and the Southern Nevada Health District's Vital Statistics, a main cause of delay is not timely assigning a certifier for the manner and cause of death. Certifier must be timely assigned by the facility upon creating the

record to ensure that the medical professional can provide the required information regarding the manner and cause of death and the record can be considered by the Office of Vital Records within 72 hours. While there are cases that cannot be certified within 72 hours, the facility needs to make every effort to assign a certifier upon creation of the electronic death record. While the current system is electronic, it remains the responsibility of the funeral director to present the certificate of death to the local registrar within 72 hours after the occurrence or discovery of the death. (NRS 440.490)

FTC Secret Shopper Calls

In 2023, the Federal Trade Commission (FTC) conducted an undercover phone sweep, calling more than 250 funeral homes across the country for pricing information. Of those, 39 were found to have violated the Funeral Rule. The Funeral Rule requires facilities to disclose prices and other information to individuals arranging funerals, including providing price information over the phone. Most findings from the sweep were that funeral homes either refused to answer pricing questions or provided inconsistent pricing for identical services. One funeral home misstated the legal requirements for embalming, and one provided a list of package prices rather than a General Price List. At the conclusion of the sweep, the FTC sent letters to each of the 39 facilities. While fines were not imposed in this round, the FTC can fine up to \$51,744 per violation of the Funeral Rule.

Required Reports

- Report of Occupational Licensing Boards was uploaded to the Legislative Counsel Bureau on January 17, 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://legis.nv.gov/legis.nv.us)
- State Professional and Occupational Licensing Report (SPOLR): This report was provided to the State Controllers Office on January 17, 2024. This report consists of the names, addresses, Social Security Numbers or Employer Identification Numbers for all individuals and facilities that have renewed in the six months prior to the upload of the report. The report is used by the State Controller to assist with the collection of debts owed to the State.
- Consultant Report: This report is required by NRS 333.705(7). Each board and commission must submit to the Interim Finance Committee the name, purpose, length of time, and amount paid to each consultant used by the board. This report was provided to the Legislative Council Bureau on January 17, 2024.

Conferences/Events/Education

- The International Conference Annual Meeting: Kim Kandaras and I registered and will represent the Board at this meeting. I will be out of the office from February 26 through March 1, 2024, to attend this meeting.
- Cremation Association of North America (CANA): Participated in CANA's crematory operator certification course and reviewed the proposed natural organic reduction course material.
- Council on Licensure, Enforcement and Regulation (CLEAR) registered as a member and for the National Certified Investigator and Inspector Basic Training in March (online).

Legislative Update

- AB431 Government Reorg: The Department of Business & Industry presented an overview of the agency to the Joint Interim Standing Committee on Commerce and Labor on January 18, 2024. In this presentation, the Director provided an overview of the Office of Nevada Boards, Commissions and Council Standards, including an organizational chart. He testified that some boards may be consolidated and that he is looking to other states for best practices. On February 6, 2024, Director Sanchez announced that the Department hired Nikki Haag to oversee this office.
- AB289 Natural Organic Reduction: The Legislative Council Bureau has returned the draft regulations. I will schedule a hearing at the next Board meeting. In the afternoon of February 14, I have an interview with Channel 4 regarding the natural organic reduction legislation.
- AB503 Fingerprinting for a Criminal History Report: As of today, the enacted language remains pending approval by the FBI.

As always, thank you for your service on the Board. Your time and input on regulatory matters is valuable, and I appreciate your support.