



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535

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

AGENDA AND NOTICE OF PUBLIC MEETING

Wednesday, February 11, 2026, at 9:00 a.m.

Video Conference and Teleconference

Via Zoom Video Conference

Zoom Meetings
at [Zoom Meeting Link](#)
Meeting ID: 253 977 5871
Passcode: 668556

Via Teleconference:

1-669-900-6833
Meeting ID: 253 977 5871
Passcode: 668556

Physical Location

3740 Lakeside Drive, Suite 201, Reno, Nevada

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

Public comments are welcomed by the Board. At the discretion of the Chair, Public comment 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 to a speaker as time allows and at the Chair's 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.

At the time for public comments, if you wish to provide public comment, you will be asked to raise your hand to be recognized by the host. If you are attending the meeting via video, to raise your hand using the meeting controls, click on Reactions and then click Raise Hand. To lower your hand, click Lower Hand. When called on by the host, you will be prompted to unmute yourself and state your name.

If you are participating by telephone, dial *9 on your phone to raise or lower your hand.

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. Statement of Board's Mission (For information only.)**
- 3. 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

4. **Approval of Agenda with the inclusion of any emergency items and deletion of any items. (For possible action.)**
5. **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 meetings on November 19, 2025. (For possible action.)**
- B. **Discussion, recommendation, and possible action regarding previously issued temporary establishment permit, direct cremation facility permit, crematory, and/or cemetery license applications and request for approval of new managing funeral directors. (For possible action.)**
 - 1) Establishment Permit for Lozano Funeral Home, EST149, located at 6346 S. Pecos Road, Suite 1, in Las Vegas. Managing Funeral Director Maria Lozano, FD1017. Temporary approval granted pursuant to NAC 642.080 effective December 2, 2025.
 - 2) Direct Cremation Facility License for Neptune Society, DC107L, located at 11 South Stephanie Street, Suite 140, in Henderson. Managing Funeral Director Judy Cannon, FD1006. Temporary approval granted pursuant to NAC 642.080 effective December 29, 2025.
 - 3) Managing Funeral Director Request for Davis Funeral Home, EST26, proposed managing funeral director Lennette Smith, FD893, effective November 24, 2025. Temporary approval granted pursuant to NAC 642.080 on November 24, 2025.
 - 4) Managing Funeral Director Request for Neptune Society – Reno, DC81L, proposed managing funeral director Mercedes Quartucci, FD983, effective January 1, 2026. Temporary approval granted pursuant to NAC 642.080 on December 3, 2025.
 - 5) Managing Funeral Director Request for Mountain View Mortuary, EST3, proposed managing funeral director Steven Schwerdtfeger, FD1040, effective December 15, 2025. Temporary approval granted pursuant to NAC 642.080 on December 15, 2025.
 - 6) Managing Funeral Director Request for Earth Funerals, EST144, proposed managing funeral director Dana Dami, FD1042, effective January 1, 2026. Temporary approval granted pursuant to NAC 642.080 on December 15, 2025.
 - 7) Managing Funeral Director Request for Simple Cremation, DC53L, proposed managing funeral director Catherine Paniagua, FD1044, effective January 15, 2026. Temporary approval granted pursuant to NAC 642.080 on January 13, 2026.
 - 8) Managing Funeral Director Request for Simple Cremation, DC85L, proposed managing funeral director Catherine Paniagua, FD1044, effective January 15, 2026. Temporary approval granted pursuant to NAC 642.080 on January 13, 2026.
 - 9) Managing Funeral Director Request for Andres Family Mortuary and Cremation, EST129, proposed managing funeral director Mary Bey-Anderson, FD1047, effective

January 16, 2026. Temporary approval granted pursuant to NAC 642.080 on January 14, 2026.

- 10) Managing Funeral Director Request for Palm South Jones, EST37, proposed managing funeral director Kayla Blevins, FD1046, effective January 15, 2026. Temporary approval granted pursuant to NAC 642.080 on January 13, 2026.

C. Ratification of Licenses Approved by Staff (For possible action.)

Embalmers/Apprentice Embalmers

EMB917 Nicole Salgot

Funeral Directors

FD1044 Catherine Paniagua

FD1045 Travis Crandall

FD1046 Kayla Blevins

FD1047 Mary Bey-Anderson

FD1049 Nicole Salgot

Funeral Arrangers

FA396 Elizabeth Mondt

FA397 Denisse Ibarra

FA398 Miranda Brown

FA399 Tiffany Brown

FA400 Benjamin Bowen

FA401 Chloe McNeil

FA402 Chase Hurtado

FA403 Sydnee Burson

6. **Discussion, recommendation, and possible action regarding the funeral director license application submitted by Sheila Winn. (For possible action.)**
7. **Discussion, recommendation, and possible action regarding the funeral director license application submitted by Dannielle Christensen. (For possible action.)**
8. **Review of quarterly statistics for licensing, inspections, complaints, and investigations. (For information only.)**
9. **Financial Reports. Review and approval of quarterly financial reports for period ending December 31, 2025, and review and approval of expenditures conducted in accordance with NRS 622.234. (For possible action.)**
10. **Report from Executive Director, Stephanie Bryant McGee (For information only.)**
11. **Discussion regarding future agenda items and future meeting dates (For possible action.)**

Wednesday, May 20, 2026, at 9 a.m.

Wednesday, August 12, 2026, at 9 a.m.

Wednesday, November 18, 2026, at 9 a.m.

Wednesday, February 10, 2026, at 9 a.m.

12. 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)

13. 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:

Nevada Funeral & Cemetery Services Board Office 3740 Lakeside Drive, Suite 201 Reno, NV 89509	Nevada Funeral & Cemetery Services 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 19, 2025, at 9:00 a.m.

The meeting was held virtually via Zoom and physically at Palm Downtown Mortuary, 1325 N. Main, Las Vegas, Nevada.

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

Executive Director Stephanie McGee called the meeting to order at 9:00 a.m. on Wednesday, November 19, 2025, noting that Board elections needed to be held in order to select a new chairman and, until then, Ms. McGee would run the meeting. Roll call was taken and a quorum was present. The following were noted as present:

Board Members Present

Celena DiLullo
Aaron Forgey
Dr. Raymond Giddens
Kim Kandaras
Jeff Long
Karen Rubel

Board Staff Present

Stephanie Bryant McGee, Executive Director

Board Counsel Present

Matt Feeley, Deputy Attorney General

2. Introduction of new board members (For information only.)

Karen Rubel is the Executive Director for Nathan Adelson Hospice. She believes that the Board does important work for the industry and the community and looks forward to serving on the Board.

Aaron Forgey is a licensed funeral director and an owner of Care Cremation and Burial. He has been in the industry for 22 years.

Melissa Munro is an attorney and practiced administrative law for most of her career. She has advised different boards and commissions in the past and looks forward to working with the Board.

3. Statement of Board's Mission (For information only.)

Stephanie McGee read the Board's mission statement:

The Nevada Funeral and Cemetery Services Board is committed to protecting the health, safety, and welfare of the public by regulating the funeral services profession.

4. Public comment

Stephanie McGee opened the floor for public comment.

Former Board member Laura Sussman thanked Ms. McGee and the Board members for the past four years. She was honored to serve. She expressed that the community and the funeral home profession grew in the time she served. She wished the new board members good luck and expressed her hope that the new members would have a wonderful experience, as she had. Ms. Sussman said that the state, the community, and the funeral profession are better off because of the careful and difficult decisions the

board members made over the past couple of years. She thanked all of the board members for the last four years. The Board thanked Ms. Sussman for her service.

There were no other public comments.

5. Election of Officers. (For possible action).

Stephanie McGee called for election of officers. Ms. McGee explained that, by statute, the Board has three officers: a chairman, a treasurer, and a secretary. Ms. McGee stated that, pursuant to statute, the chairman must be selected from public members of the Board and that the current public members are Jeff Long, Melissa Munro, and Karen Rubel.

Ms. McGee asked for nominations for chairman. Celena DiLullo nominated Jeff Long. Kim Kandaras seconded the nomination. Dr. Giddens expressed his support. As no other individuals were nominated, Ms. McGee closed nominations for chairman.

Action: Dr. Giddens made a motion, seconded by Kim Kandaras to elect Jeff Long as chairman. The motion passed unanimously.

Ms. McGee next explained that the secretary and treasurer positions can be selected from the Board as a whole with no restrictions. Ms. McGee further explained that, pursuant to statute, the secretary has the statutory duty to keep a register of names, addresses, and business addresses of all persons duly licensed under the provisions of Nevada Revised Statutes Chapter 642, as well as the numbers and dates of licenses, and that this information must be available to the public at any reasonable time. Ms. McGee stated that these duties are handled through the office and that it is important to note these duties as statutory requirements.

Chairman Long asked for nominations for secretary. Ms. Kandaras nominated Ms. DiLullo, and Dr. Giddens seconded the nomination. As no other nominations were made, Chairman Long closed nominations.

Action: Aaron Forgey made a motion, seconded by Raymond Giddens, to elect Celena DiLullo as secretary. The motion passed unanimously.

Chairman Long opened the floor for nominations for treasurer. Dr. Giddens nominated Ms. Kandaras and Ms. DiLullo seconded. As no other nominations were made, Chairman Long closed nominations.

Action: Raymond Giddens made a motion, seconded by Celena DiLullo, to elect Ms. Kandaras as treasurer. The motion passed unanimously.

6. Approval of Agenda with the inclusion of any emergency items and deletion of any items (For possible action.)

Stephanie McGee presented the agenda for approval of the Board and noted that on Agenda Item 7.B.2., the license type for Las Vegas Cremations and that the application is for a funeral establishment permit rather than a direct cremation facility.

Action: Kim Kandaras made a motion, seconded by Celena DiLullo, to approve the consent agenda with the correction to Item 7.B.2. The motion passed unanimously.

7. Consent Agenda (For possible action)

The consent agenda items contain matters of routine acceptance. The Board members may approve the items on 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 August 6 and 7, 2025. (For possible action.)**

B. **Discussion, recommendation, and possible action regarding previously issued temporary establishment permit, direct cremation facility permit, crematory, and/or cemetery license applications and request for approval of new managing funeral directors. (For possible action.)**

- 1) Crematory License for Paradise Valley Crematory, CRE123, located at 3027 Contract Avenue in Las Vegas. Temporary approval pursuant to NAC 642.080 effective September 11, 2025.
- 2) Direct Cremation Facility Permit for Las Vegas Cremations, EST148, located at 1111 Las Vegas Blvd North in Las Vegas. Temporary approval pursuant to NAC 642.080 effective October 22, 2025.
- 3) Managing Funeral Director Request for Andre's Family Mortuary and Crematory, EST129, proposed managing funeral director Krystal Osborne, FD999, effective September 28, 2025. Temporary approval pursuant to NAC 642.080 granted September 28, 2025.
- 4) Managing Funeral Director Request for Neptune Society - Reno, DC81L, proposed managing funeral director Denice Portillo Carpenter, FD872, effective September 5, 2025. Temporary approval pursuant to NAC 642.080 granted August 23, 2025 (effective September 5, 2025).
- 5) Managing Funeral Director Request for Horizons Cremation, DC105L, proposed managing funeral director Kristopher Wilks, FD872. Temporary approval pursuant to NAC 642.080 granted October 22, 2025.

C. **Discussion, recommendation, and possible action regarding ratification of individual licenses approved by the Executive Director pursuant to Section 8 of the Operating Procedures adopted by the Board on November 17, 2021. (For possible action).**

Embalmers/Apprentice Embalmers

EMB916 Annable, Adam

Funeral Directors

FD1042 Dami, Dana

FD1043 Annable, Adam

Funeral Arrangers

FA392 Vega, Renee

FA393 Corsi, Isabella

FA394 Fuhrman, Emma

FA395 Guzman, Diana

Stephanie McGee explained that she added item 7.C. to the consent agenda regarding the licenses approved by her, as the Executive Director, pursuant to Section 8 of the Operating Procedures. Ms. McGee explained that the current operating procedures allow staff to approve applications for a license submitted by individuals who are eligible and clearly meet the qualifications. Ms. McGee explained that, by adding this item, the Board has the opportunity to ratify the approval of individual licenses.

Ms. Kandaras recused herself from Item 7.C., regarding approval of Emma Fuhrman and Diana Guzman. Celena DiLullo recused herself from Item 7.C. with respect to approval of Rene Vega.

Action: Aaron Forgey made a motion, seconded by Raymond Giddens, to approve all items on the consent agenda. The motion passed unanimously.

8. Discussion, recommendation, and possible action regarding the FY24/FY25 Financial Audit Report prepared by Christiansen Accounting Network pursuant to NRS218G.400(4). (For possible action.)

Kim Kandaras presented the audit report. Ms. Kandaras explained that normally the auditor would present the report but that Ms. Christiansen was unable to attend this meeting. Ms. Kandaras explained that the financial audits are conducted biennially and that Ms. Christiansen's report stated that numbers looked good, internal controls were being utilized, no material items were in noncompliance, and there were no significant internal deficiencies.

Ms. Kandaras noted that the office lease was renewed in 2025, and all five years of the lease must be capitalized as an asset.

Ms. Kandaras stated that the audit reflected that program revenue increased during the audit period despite no changes in regulatory fees, likely due to the increase in licensees and the regulatory fee collection fluctuations based on the death rate.

Ms. Kandaras stated that expenses were below budget for both years and less than the previous biennial period, due to staff transitions and vacancies, as well as a reduction in travel expenses. Ms. Kandaras noted that the general fund balance is continuing to increase and, in 2025, stands at \$353,000.00. Other Post Employment Benefits (OPEB) calculations were covered.

Ms. Kandaras stated that the report reflects no significant unusual transactions, no material adjustments for the audit, and that there were no disagreements with management. All information was provided in a timely manner and all staff were extremely cooperative.

Ms. Kandaras noted that all financial numbers in the report were accurate and that some notes in the report needed minor corrections.

Action: Raymond Giddens made a motion, seconded by Celena DiLullo, to approve the audit report with the necessary changes to notes so that the report could be provided to the State in a timely manner. The motion passed unanimously.

9. Discussion, recommendation, and possible action regarding a request for approval of four (4) continuing education units for "Autopsy for Funeral Directors," sponsored by Autopsy.Online (Ben Margolis, M.D., Director). (For possible action.)

Stephanie McGee presented the details of the application submitted by Dr. Ben Margolis of Chicago, IL. Dr. Margolis is Board certified in clinical and anatomic pathology and is the Director of Autopsy.Online. Ms. McGee stated that the course involves the principles and practice of autopsy procedure, including legal, ethical safety, and bereavement concept, and practical techniques. Ms. McGee stated that the application meets the technical requirements for approval.

Melissa Munro inquired about whether the program pertained to a needed area of expertise for a funeral director. Dr. Giddens and Ms. DiLullo noted that this program would likely be more beneficial to embalmers but the CEUs could be used by either embalmers or funeral directors. It was further clarified that the approval of this program would mean anyone who was interested could take the class and receive CEUs but the information therein would likely be more useful to embalmers.

Dr. Giddens asked if the name could be changed to attract the right group. Ms. McGee offered to make this suggestion to Dr. Margolis, who was not present at the meeting.

Action: Kim Kandaras made a motion, seconded by Aaron Forgey, to approve the course for 4 CEUs and to make the suggestion to Dr. Margolis to change the course title. The motion passed unanimously.

10. Review of Quarterly Statistics (Applications, licensing, inspections, investigations, complaints) (For information only.)

Ms. McGee presented the following performance statistics:

Licensees:

The numbers of licensees for each of the last three quarters are as follows:

Individuals

<u>License Type</u>	<u>March 31, 2025</u>	<u>June 30, 2025</u>	<u>Sept. 30, 2025</u>
Funeral Arrangers	181	193	197
Funeral Directors	182	184	185
Embalmers	91 (42 Reciprocal)	91 (42 Reciprocal)	92 (43 Reciprocal)
Apprentice Embalmers	4	3	7
Total	458	471	481

Facilities

<u>License Type</u>	<u>March 31, 2025</u>	<u>June 30, 2025</u>	<u>Sept. 30, 2025</u>
Funeral Establishments	67	67	65
Direct Cremation Facilities	19	19	18
Crematories	27	27	26
Cemeteries	18	18	18
Total	131	131	127

Applications:

For the period July 1 to September 30, 2025, the office received the following applications and requests:

<u>License Type</u>	<u># of Applications</u>
Embalmer	1
Apprentice Embalmer	5
Funeral Director	2
Funeral Arranger	4
Funeral Establishment	3
Direct Cremation Facility	0
Crematory	0
Cemetery	0
Managing Funeral Director Change	2
TOTAL	17

Complaints

The following reflects complaint activity for each of the following timeframes:

<u>Complaints</u>	<u>April 1 - June 30</u>	<u>July 1 – Sept. 30</u>	<u>Sept 30 – Nov. 15</u>
Opened	6	4	5
Closed	8	6	13
In Progress	2	4	5

As of November 15, 2025, there are 13 open complaints with the following status types:

<u>Status Type</u>	<u>Number</u>
Pending Compliance with Order/Consent Decree	3
Pending Board Action	0
Pending DAG Recommendation or Formal Complaint	0
Pending 233B Notice	1
Pending Lawsuit	2
Pending Investigation/Review	7
Total	13

Inspections:

All unannounced biennial inspections for the period of January 2024 through December 2025 have been completed for facility license renewals.

In the past three calendar years, the following number of inspections have been conducted:

CY2023: 41
 CY2024: 47
 CY2025: 64 (YTD)

Since August 1, 2025, 17 inspections have been conducted and 19 have been closed as complete. An additional 11 are planned before year-end.

Noncompliance Trends

The largest number of findings are related to:

- Required disclosures are not identical to language required pursuant to the Federal Trade Commission’s Funeral Rule.
- Inaccurate or untimely regulatory fee report filings.

Ms. Kandaras commended Ms. McGee for stepping in and completing inspections while the Board is without an inspector. Ms. McGee responded that she has enjoyed both inspections and investigations, and that she has been able to close several that were open for an extended period.

11. Financial Reports. Review and approval of quarterly financial reports for period ending October 31, 2025, and review and approval of expenditures conducted in accordance with NRS 622.234. (For possible action.)

Stephanie McGee presented the financial statements for the period ending October 31, 2026. Ms. McGee noted that the balance sheet is a snapshot as of October 31, 2026, and reflects a balance of \$347,551.42 in the checking account. With respect to the budget vs. actual to date for FY26, Ms. McGee noted that the financials reflect the revenue and expenses for the first quarter, or 25 percent of the fiscal year and noted the column titled “% of budget.” Ms. McGee noted that examinations and initial licensing fee revenue are higher, reflecting an increase in licensees. Ms. McGee noted that regulatory fees collected year to date and are at 24.22% of budget and noted that October regulatory fees are still coming in at this point.

With respect to expenses, Ms. McGee noted that she has not yet received bills from the Attorney General’s Office for FY26. At the beginning of November, the Attorney General’s Office notified the Board of an increase in their hourly rates from approximately \$157 per hour to \$250. Ms. McGee noted that, by statute, complaint investigation reports must be submitted to the Attorney General’s Office for recommendation. In addition, the Attorney General’s Office is used for meetings and hearing. The new rate will be retroactive to July 1, 2025.

Ms. McGee noted that there were no meeting expenses for this meeting, as Palm Mortuary was not charging for the meeting being held at their location. She noted that there would be some travel expenses for Board members attending from outside of Las Vegas.

Ms. McGee noted that office supplies are reflected as 297% of what was budgeted for FY26 and explained that this budget line currently includes software expenses that need to be reflected in the software expense line.

Ms. McGee reviewed the regulatory fee report.

Aaron Forgey asked when budgets are set. Ms. McGee responded that budget is set for the fiscal year, which begins on July 1 and ends on June 30. The meeting for the budget occurs yearly in May.

Action: Celena DiLullo made a motion, seconded by Kim Kandaras, to approve the financial reports as presented. The motion passed unanimously.

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

Ms. McGee acknowledged that Lauren Guido with Davis Funeral Home was present. Ms. McGee noted that, after the revocation of McDermott's license at the previous meeting and as the funeral home on contract with the Clark County Coroner's Office, Davis was able to accept and care for 146 cases from the closed facility. Ms. Guido reported that two families have retained legal counsel and requested delays in disposition, and all other decedents have been cared for.

Ms. McGee reported that the cremated remains deposited outside of Searchlight, Nevada have been recovered. As background, Ms. McGee explained that the Bureau of Land Management (BLM) requested assistance in recovering the cremated remains. In response, Palm Mortuary donated supplies and staff time to facilitate the recovery. Ms. McGee noted that the following individuals from Palm assisted:

Celena DiLullo
Kayla Blevins
Erica Carrillo
John Crocker
Abraham Espinosa
Trintion Holmes
David Holt
Marielle Landry
Karch Williams

Ms. McGee noted that she and Special Agent Stoltz of the BLM also participated. Ms. McGee stated that the unidentified remains have been memorialized with a marker and a poem written by Mr. Crocker. Some remains were identified and will be held separately, in case a family comes forward.

Due to the closure of Desert Memorial and McDermott's, the office has received numerous calls from consumers regarding preneed contracts with those facilities. Ms. McGee explained that these calls have been redirected to the Division of Insurance, and the Division regulates preneed funeral contracts.

Chairman Long thanked Davis and Palm for their efforts.

13. Discussion, recommendation, and possible action regarding annual review of executive director performance. (For possible action.)

Chairman Long noted that the review of Ms. McGee could be delayed, allowing new Board members to get a feel for her work.

Ms. Munro asked about the review of period and whether it would be adjusted to reflect the extension. Mr. Feeley responded that it would be fine.

Action: Raymond Giddens made motion, seconded by Celena DiLullo, to delay the review for Ms. McGee until the May 2026 meeting. The motion passed unanimously.

Action: Melissa Munro made a motion, seconded by Aaron Forgey, to amend the period of review for Ms. McGee to November 1, 2024, to March 31, 2026. The motion passed unanimously.

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

Wednesday, February 11, 2026, at 9 a.m.
Wednesday, May 13, 2026, at 9 a.m.
Wednesday, August 12, 2026, at 9 a.m.
Wednesday, November 18, 2026, at 9 a.m.

Ms. DiLullo requested that the May meeting be moved to May 20, 2026.

Action: Celena DiLullo made a motion, seconded by Kim Kandaras, to accept the dates, as listed, with the exception that the May meeting be rescheduled from May 13 to May 20, 2026. The motion passed unanimously.

15. Public comment

Chairman Long opened the floor for public comment. There were no public comments.

16. Adjournment (For Possible Action)

Action: Raymond Giddens made a motion, seconded by Kim Kandaras, to adjourn the meeting. The motion passed unanimously. The meeting adjourned at 10:22 a.m.



STATE OF NEVADA

CLEAR

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:

Lozano Funeral Home

Physical address of proposed location:

6346 S. Pecos Road #1

City:

Las Vegas

State:

NV

Zip Code:

89120

Phone Number:

253-279-6398

E-mail Address:

lozanoluneraltransportation@gmail.com

Owner Information

Owner of Location:

Funerates Lozano 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:

María Lozano Millán

FD License #:

1017

Location Inspection

Anticipated date location will be ready for inspection:

November 20th.

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.)

6358 42nd Ave SW

City:

Seattle

State:

WA

Zip Code:

98136

Preferred Phone Number:

206-794-7962

Preferred E-mail Address:

lozanofuneraltransportation@gmail.com

Applicant Information – Natural Person

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

Full Legal Name:

Maria I Lozano Millan

Mailing Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

lozanofuneraltransportation@gmail.com

Social Security Number:

Date of Birth:

Sex:

Male

Female

Citizenship: US Citizen

Authorized to Work in the US

Place of Birth:

Mexico

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?

Washington

In which state is the applicant currently domiciled?

Washington

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

8/2/2017

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:

Maria I Lozano Millan

Address:

City:

Seattle

State:

WA

Zip Code:

98136

Phone Number:

E-mail Address:

lozanofuneraltransportation@gmail.com

STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD

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:

Funerales Lozano LLC

Business License #:

NV20253447515

Employer Identification Number:

82-3345142

STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD

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
WA	Funeral Establishment	23005044	2/17/2023
WA	Funeral Director	22024013	09/09/2022

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

9/23/2025

 Date

Maria Leano Willan

 Print Name

Funeral Director/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

Maria I Lozano Millan.



Amount:

\$ 375

Name on Credit Card:

Funerates Lozano LLC

Credit Card Number:

[Redacted] 9483

Expiration Month/Year

07 / 28

Billing Address

[Redacted]

Billing City, State & Zip

Seattle WA 98136.

Email for Receipt:

lozanofuneraltransportation@gmail.com.

Authorization

Signature:

[Handwritten 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:

Lozano Funeral Home

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:

Marra I Lozano Millan

Title:

Funeral Director

Mailing Address:

City:

Seattle

State:

WA

Zip Code:

Phone Number:

E-mail Address:

lozanofuneraltransportation@gmail.com

Social Security Number:

Date of Birth:

This person is (check all that are applicable):

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

Legal Information and Criminal History

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

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

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

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

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

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

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

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

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

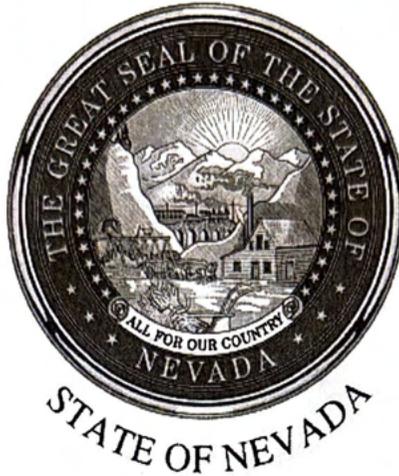
I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal:

Date:

9/23/2025

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Funerales Lozano LLC

Nevada Business Identification # NV20253447515

Expiration Date: 09/30/2026

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: B202509306133131

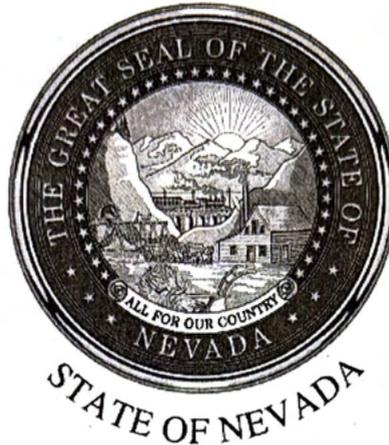
You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/30/2025.

FRANCISCO V. AGUILAR
Secretary of State

SECRETARY OF STATE



CERTIFICATE OF REGISTRATION FOREIGN LIMITED-LIABILITY COMPANY

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Funerales Lozano LLC** did on 09/29/2025 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/30/2025.

FV Aguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202509306133112
You may verify this certificate
online at <https://www.nvsilverflume.gov/home>

From: [Lozano Transportation](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Establishment Permit Application – Funerales Lozano LLC
Date: Monday, October 20, 2025 4:54:03 PM
Attachments: [REDACTED]

Dear Stephanie,

I hope this message finds you well.

Attached please find the following documents for your review:

- Establishment Permit Application
- List of Principals
- Nevada State Business License

Please let me know if I am missing any documents or if you need additional information.

Thank you very much for your time and assistance.

LOZANO FUNERAL TRANSPORTATION
Maria Millán
Funeral Director and location Manager
6358 42nd Ave SW,
Seattle, Wa 98136
Phone: (253) 279-6398

CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2013028-081-102
LICENSE PERIOD: 11/01/2025 - 04/30/2026

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:
Lozano Funeral Home
6346 S Pecos Rd #1
Las Vegas, NV 89120

DUPLICATE
BUSINESS LOCATION ADDRESS:
6346 S Pecos Rd #1
Las Vegas, NV 89120

TYPE OF LICENSE: Personal Services - Group 1

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

Current Planning Comments:

IP zone. Approved funeral home for the preparation of the deceased for burial and/or the display of the deceased in conjunction with an existing office/warehouse complex. This is not an approval to provide crematory services as defined by Title 30.07.02. Subject to noise attenuation per code. (AE-70, ZC-95-0972)

CLARK COUNTY
NEVADA
togetherforbetter

DISCLAIMER

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

Vincent V. Queano
VINCENT V. QUEANO
DIRECTOR OF BUSINESS LICENSE

DEPARTMENT OF BUSINESS LICENSE
500 S GRAND CENTRAL PARKWAY
BOX 551810
LAS VEGAS NV 89155-1810
PHONE: (702) 455-4340



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

Pursuant to 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:	Lozano Funeral Home
Permit #:	NEW
Physical address:	6346 S. Pecos Road #1, Las Vegas, NV 89120
Mailing address:	Same as physical
Phone number:	702-272-7375
Owner of location:	Funerals Lozano LLC
Type of ownership:	LLC
Name of funeral director approved to manage this establishment:	Maria Lozano Millan, FD1017
Does the establishment have an on-site crematory?	No
Where are bodies from location cremated?	Inspired Life Cremation on Ali Baba
Photo of Outside of Building:	





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Funeral Establishment Inspection Checklist

Photo of Signage



Photo of Lobby



LICENSES

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



Funeral Establishment Inspection Checklist

Notes _____

Photo of Displayed Licenses _____



New Photo _____

New Photo _____

New Photo _____

LIST NAMES AND LICENSE NUMBERS OF ALL LICENSEES:

Name	Maria Lozano Millan
License Number	FD1017
Name	Margarita Gonzales
License Number	FA272
Name	Christopher Walters
License Number	EMB305

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
Is there necessary drainage? (NRS 642.016)	Yes
Is there proper ventilation in working order? (NRS 642.016)	Yes
Are fumes and odors prevented from entering other parts of the building? (NRS 642.016)	Yes
Does the location properly store and dispose of hazardous waste? (NRS 444.490)	Yes
Is this preparation room utilized by the establishment?	Yes



Funeral Establishment Inspection Checklist

- Is embalming performed at this location? Yes
- If the preparation room is used for embalming, is it equipped with all instruments and supplies necessary for the preparation and embalming of human bodies? Yes
- (NRS 642.016) Check items that are present:
- Injection Tubes
- Aneurysm Needle
- Scalpel
- Hypodermic syringe
- Embalming Machine
- Restorative Wax
- Covered Waste Can
- Disinfectant
- Large Trocar
- Scissors
- Aspirator
- Hardening Compound
- Shaving Material
- First Aid Kit
- Small Trocar
- Hemostats
- Hypodermic Needles
- Headrest
- Sheets/Body Bags
- Eye Wash Station
- Suture Thread
- Suture Needles
- Forceps
- Cosmetics
- Powder Brush
- Application Brush
- Soap
- Notes

Suture needles and body bags are on order
 Preparation Room Signage





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Funeral Establishment Inspection Checklist

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?	Yes
List all areas of the establishment where human remains are being held:	Refrigeration unit inside building.
Are remains being embalmed or refrigerated 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? This includes body parts. (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
Are all remains in refrigeration and on-site being stored face up? (NAC 642.158)	N/A



Funeral Establishment Inspection Checklist

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 or buried within a reasonable amount of time? (NRS 451.020)	N/A

Notes

This is a new facility; no decedents are being stored at the time of inspection. Temperature of refrigeration unit was 42 degrees prior to opening.

Photo of Outside of Refrigeration



Photo of Inside of Refrigeration





Funeral Establishment Inspection Checklist

Photo of Temperature Gauge



Additional Holding Areas

Additional Photo

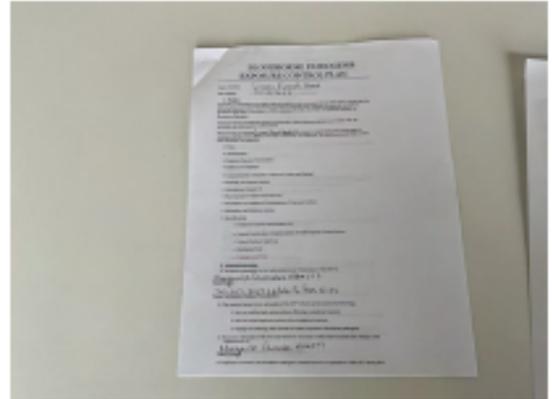
GENERAL ESTABLISHMENT MANAGEMENT

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?	10 to 15 days each month.
Is the managing funeral director available to staff for supervision? (NRS 642.345)	Yes
Does the managing funeral director live within 120 miles of the location? (NAC 642.116)	Yes
Does the managing funeral director manage more than 3 locations? (NAC 642.116)	No
If the managing funeral director manages more than one location are they within 120 miles of each other? (NAC 642.116)	N/A
Does it appear that the location is being maintained in a professional and sanitary manner? (NRS 642.465) (NAC 642.158)	Yes
Does the location have a blood borne pathogen exposure control plan and do they update the plan annually? (29 CFR 1910.1030)	Yes
Have all employees with potential exposure been provided blood borne pathogen training annually? (29 CFR 1910.1030)	Yes
Have all employees with potential exposure been offered a hepatitis B vaccination? (29 CFR 1910.1030)	Yes
Notes	



Funeral Establishment Inspection Checklist

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)	Yes
Do completed statements of funeral goods and services contain the license number of the individual who made the arrangements? (NAC 642.152)	Yes
Are embalming reports being completed for each decedent after embalming? (NAC 642.168)	Yes
Do the embalming reports include the time period between death and embalming? (NAC 642.168)	Yes
Do the embalming reports include the procedures used to embalm the remains? (NAC 642.168)	Yes
Do the embalming reports include the signature of the embalmer or apprentice embalmer who embalmed the remains? (NAC 642.168)	Yes
If remains are not stored or cremated at this location, do the forms advise consumer of the location where the remains will be stored or cremated? (NAC 642.154)	Yes
Do records generally appear to be in good order?	Yes
Notes	

CASKET INVENTORY

Does the establishment have a display room containing an inventory of funeral caskets? (NRS 642.016, NAC 642.030) Internet or catalogue display fulfills this requirement.	Yes
--	-----



Funeral Establishment Inspection Checklist

Do the prices of displayed caskets conform to the casket price list? (16 CFR 453.2(a)(b)) Yes
 Notes: _____
 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)



Funeral Establishment Inspection Checklist

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



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"
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)
"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)
"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."
Yes



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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? No
NRS 642.019, 16 CFR 453.2(b)(3)
(If prices of all outer burial containers are listed on the GPL, this item is not required)
Does the outer burial container price list contain the name of the funeral establishment and a caption describing the list as a "outer burial container price list"? N/A
NRS 642.019, 16 CFR 453.2(b)(3)(ii)
Does the outer burial container price list contain the retail prices of all outer burial containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list? N/A
NRS 642.019, 16 CFR 453.2(b)(3)(i)
Notes
No outer burial containers are offered by this facility.

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? No
Notes: Website is being developed.

New Photo

New Photo

BODY DONATION INFORMATION

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

Notes

UNCLAIMED VETERANS

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

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

Notes

Facility does not have any cremated remains at the time/date of inspection.

REGULATORY FEES

Is the location in compliance with submission of regulatory fees pursuant to NRS 642.0696 and Regulation R143-23? N/A

Do the fees submitted correspond to the number of signed funeral service agreements for the time period reviewed? NRS 642.0696 N/A

Request the list of signed funeral services agreements for each period reviewed.

Notes

INSPECTION INFORMATION



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

Date of Inspection: 11/21/2025
Time of Inspection: 12:55
Type of Inspection: Initial
Name of Inspector: Stephanie McGee
Signature of Inspector: _____

A handwritten signature in black ink, appearing to read "Maria Lozano Millan".

Name of Establishment Representative at Time of Inspection: Maria Lozano Millan

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

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

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

A handwritten signature in black ink, appearing to be a stylized name.

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 _____

Stephanie McGee

From: Jeff Long <jeffclong525@gmail.com>
Sent: Tuesday, December 2, 2025 11:25 AM
To: Stephanie McGee
Subject: Re: Temporary Approval Req.--Lozano Funeral Home

Hi Stephanie,

Temporary approval granted.

Jeff

On Tue, Dec 2, 2025 at 11:01 AM Stephanie McGee <director@fb.nv.gov> wrote:

Good morning, Jeff.

Attached is an application for a new funeral establishment, Lozano Funeral Home, to be located at [6346 S. Pecos Road, Suite 1](#), in Las Vegas. The applicant facility is owned by Funerales Lozano, LLC, which is owned by Maria Lozano. Ms. Lozano is the proposed managing funeral director and meets the licensing and distance requirements for that role. The application is complete, and the fees have been paid. I conducted an inspection on November 21, 2025. A copy of the inspection report is attached to the application.

I am requesting your consideration for temporary approval of the establishment permit for this facility. As you know, if temporary approval is granted, the full board will consider the application during the February meeting.

Please let me know if you have any questions. Thank you, in advance!

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>



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 11.18.2025, Complete on 12.24.2025 SBM 12/26/2025

Direct Cremation Facility Permit Application

Eligibility and Information

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

Required Documents

- Completed Application: Applications are required to be completed in full and must be signed.
Criminal History Form: This document must be completed by anyone subject to disclosure requirements if there are any criminal events to report. Form may be found on the Board website or mailed upon request.
Business Entity: List of Principals: This form must be completed for any corporations, LLC's or partnerships
Nevada Business License: Applicants are required to comply with Nevada business licensing requirements and must include a current copy of State of Nevada business license.
Zoning: A copy of the Zoning Permit issued by the City of 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:

Neptune Society

Physical address of proposed location:

11 South Stephanie Street, Suite 140

City:

Henderson

State:

NV

Zip Code:

89012

Phone Number:

(702)407-0848

E-mail Address:

scidirectbusinessops@sci-us.com

Owner Information

Owner of Location:

Neptune Management Corp

Type of Ownership:

- Sole Proprietorship
Corporation
Limited Liability Company (LLC)
Partnership

Managing Funeral Director Information

Name of Funeral Director who will manage this location:

Judy Cannon

FD License #:

FD1006

Direct Cremation Facility Permit Application

Location Inspection

Anticipated date location will be ready for inspection:

11/01/2025

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.)

100 NW 70th Ave., Suite 200

City:

Plantation

State:

Florida

Zip Code:

33317

Preferred Phone Number:

(954)861-4825

Preferred E-mail Address:

scidirectbusinessops@sci-us.com

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

Full Legal Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Social Security Number:

Date of Birth:

Sex:

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

List all prior names used by applicant: _____

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

Under the laws of which state was the applicant organized?

California

In which state is the applicant currently domiciled?

Texas

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

07/14/1987

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:

Rachelle Merome

Address:

100 NW 70th Ave., Suite 200

City:

Plantation

State:

Florida

Zip Code:

33317

Phone Number:

(954)861-4825

E-mail Address:

scidirectbusinessops@sci-us.com

Direct Cremation Facility Permit Application

Legal Information and Criminal History

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

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

Has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Are there any pending legal actions, complaints, investigations or hearings concerning any person subject to disclosure requirements in process?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Has any person subject to disclosure requirements ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Has any person subject to disclosure requirements ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<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

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

Nevada Business License Information

Name on State Business License: Neptune Society	Business License #: TBD
--	----------------------------

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/Funeral and Cemetery	Direct Cremation	DC64L	1/01/2015
NV/Funeral and Cemetery	Direct Cremation	DC81L	1/01/2015

Direct Cremation Facility Permit Application

Certification and Signature

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

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

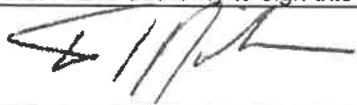
I hereby apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent,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

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

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

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

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



11/3/2025

Signature of Applicant and/or Authorized Agent

Date

Timothy Nicholson

Director/President

Print Name

Title

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:	

Direct Cremation Facility Permit Application

Credit Card Payment Information

Payment Method

Applicant Name: Neptune Management Corp dba Neptune Society



Amount: \$ 375.00

Name on Credit Card: Racheile Merome

Credit Card Number: [REDACTED] 386

Expiration Month/Year: 11/2028

Billing Address: 100 NW 70th Ave., Suite 200

Billing City, State & Zip: Plantation, FL 33317

Email for Receipt: Racheile.Merome@sci-us.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.

SCI MANAGEMENT
Pillar Reporting
Officers and Directors

RECEIVED

NOV 13 2025

Database Last Updated : Wednesday, December 11, 2024 10:06PM Central Time
Parameter Name (Value) Legal Location Number (9305) Class Description (ALL)

<u>Title</u>	<u>Name</u>
9305 Neptune Management Corp.	
Director	Tim Nicholson
Director	Dolores Ramos
President	Tim Nicholson
Vice President	Daniel I Kleban
Vice President	Angela Michelle Lacour
Vice President	Elijah Harvey Walker
Vice President	Maria E Bateman
Vice President	Dolores Ramos
Secretary	Sara Elaine Labeth
Assistant Secretary	Daniel I Kleban
Assistant Secretary	Brenda K Gibbs
Assistant Secretary	Janet S Key
Treasurer	Michael Gene Triesch
Assistant Treasurer	Dolores Ramos

Criminal history background checks completed 12.24.2025 SBM



Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:

- New Application
- Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

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

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

Fictitious Firm Name: Neptune Society

Mailing Address: 1929 Allen Parkway, Houston TX 77019

(Mailing Address for notification of renewal)

Mailing Address

City, State, Zip

Owner (Sole Proprietor or

Registered Legal Entity): Neptune Management Corp.

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

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

Signed By: Daniel Kleban, Vice President

Full Name of Authorized Signer

Daniel Kleban

Signature

3/17/22

Date

1929 Allen Parkway, Houston TX 77019

Street Address of Business or Residence

City, State, Zip

Signed By:

(Use if needed) Full Name of Authorized Signer

Signature

Date

Street Address of Business or Residence

City, State, Zip

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

For additional signatures, please use additional pages

STATE OF TEXAS

COUNTY OF HARRIS

} SS:

This instrument was acknowledged before me on

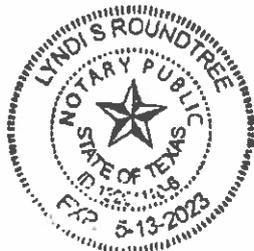
March 17, 2022

(Date)

by

Daniel Kleban

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



Lyndi S Roundtree
Signature of Notary Public/Deputy Clerk

2415085

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY OF
THE DOCUMENT OR DATA FILE
MINUS ANY REDACTED PORTIONS

1718372 Dec 30 2024

Mail to: Clark County Clerk's Office, Attn. FFN, Box 551604, Las Vegas NV 89155-1604

Include: Filing Fee of \$25.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope.

Lynn Marie Goya
CLERK

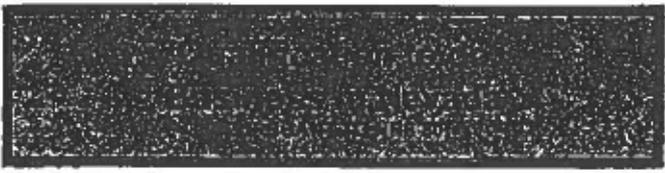
DEAN HELLER
 Secretary of State
 205 North Carson Street
 Carson City, Nevada 89701-4299
 (775) 684 5708
 Website: secretaryofstate.biz



FILED # C-18850-04

JUL 16 2004

RECEIVED BY
 Dr. Hill
 SECRETARY OF STATE



Important: Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation: <small>(Name to be used in documents filed with the Secretary of State)</small>	Neptune Management Corp.
2. State of Incorporation:	California
3. Resident Agent Name and Street Address: <small>(Name of a Nevada resident whose address may be listed)</small>	The Corporation Trust Company of Nevada Name 6100 Neil Road, Suite 500 Room NEVADA 89511 Physical Street Address City State Zip Code Additional Mailing Address City State Zip Code
4. Authorized Stock: <small>(List from the most authorized stock. Indicate number of par shares, par value per share, or for number of no par shares. Check box if entity is a nonprofit, non-stock corporation. Attach related documentation.)</small>	Total authorized stock: <u>1,000</u> (a) Number of shares with par value: <u>0</u> (b) Par value of each share: \$ <u>0</u> (c) Number of shares without par value: <u>1,000</u> <input type="checkbox"/> This entity is a nonprofit, non-stock corporation.
5. Purpose:	The purpose of this Corporation shall be: to engage in any lawful activity permitted under the Nevada Revised Statutes
6. Name, Title & Signature of Officer Making Statement:	Daniel M. Solberg Chief Financial Officer Name Title 
7. Certificate of Acceptance of Appointment of Resident Agent:	I hereby accept appointment as Resident Agent for the above named corporation.  Authorized Signature of R.A. or On Behalf of R.A. Company Date 7/16/04

TARA C. COFER
 ASSISTANT SECRETARY

This form must be accompanied by appropriate fees. See attached fee schedule.



SECRETARY OF STATE

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 14th day of July, 1987, **NEPTUNE MANAGEMENT CORP.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 12, 2004.

Kevin Shelley
KEVIN SHELLEY
Secretary of State

Entity Information U**Entity Information U****Entity Name:** NERTUNE MANAGEMENT CORP. U**Entity Number:** C18850-2004**Entity Type:** Foreign Corporation (80) U**Entity Status:** Active**Formation Date:** 07/05/2004 U**NV Bu line UID:** NV10041533338**Termination Date:** U**Annual Report Due Date:** 7/30/2026**Compliance Hold:****Domestic Name:** U**Jurisdiction:** California**Registered AGENT INFORMATION U****Name of Individual
or Legal Entity:** CORPORATION SERVICE
COMPANY* U**Status:** Active**CRA Agent Entity
Type:** U**Registered Agent Type:** Commercial Registered Agent**NV Bu line UID:** NV10101844335 U**Office Position:****Jurisdiction:** DELAWARE**Street Address U:** 112 NORTH CURRY STREET,
Carson City, NV, 89703, USA**Mailing Address U:****OFFICER INFORMATION U** View Historical Data U

Title U	Name U	Address U	Last Update U	Status
Secretary U	SARA ELABETH U	1929 ALLEN PARKWAY, Houston, TX, 77019, USA	07/29/2024	Active
Treasurer U	MICHAEL G TRIESCH U	1929 ALLEN PARKWAY, Houston, TX, 77019, USA U	07/29/2024	Active
Director U	DOLORES RAMOS U	100 NW 70th Avenue, Suite 200, Plantation, FL, 33317, USA	07/29/2024 U	Active
Director U	TIM NICHOLSON U	100 NW 70th Avenue, Suite 200, Plantation, FL, 33317, USA U	07/12/2022	Active
President U	TIM NICHOLSON U	100 NW 70th Avenue, Suite 200, Plantation, FL, 33317, USA U	07/00/2020 U	Active

Class/Series	Type	Share Number	Value
No records to view.			
<input type="radio"/> Unlimited Foreign Entities Only <input type="radio"/> No Stock Foreign Entities Only			
Number of No Par Value Shares: 1000			
Total Authorized Capital: 1,000			
			Filing History Name History Mergers/Conversions

[Return to Search](#) [Return to Results](#)



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

Direct Cremation Facility Inspection Checklist

GENERAL INFORMATION

Pursuant to NRS 642.067, NRS 642.365, and NRS 642.435, the Nevada Board of Funeral and Cemetery Services is authorized to inspect any premises where funeral directing is conducted or embalming practiced and is required to make unannounced inspections of each location issued a permit by the Board.

New Static Text

Name under which the location conducts business	Neptune Society
Permit Number	NEW
Physical Address	11 South Stephanie Street, Suite 140
City	Henderson
State	NV
Zipcode	89012

New Static Text

Mailing Address	100 NW 70th Ave. Suite 200q
City	Plantation
State	FL
Zipcode	33317
Phone Number	7024070848

Fax Number	
Owner Of Location	Neptune Management Crop
Type Of Ownership	Corporation
Name of funeral director currently approved to manage this location	Judy Cannon
FD License Number	FD1006

Photo of Building Exterior





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

Direct Cremation Facility Inspection Checklist

Photo of Lobby



Additional Photo

Additional Photo

Notes:

LICENSES

Permit with name of owner displayed conspicuously? (NRS 642.465)	N/A
Are all individuals meeting with families to make arrangements properly licensed? (NRS 642.340) (NRS 642.361)	Yes
Funeral directors' and funeral arrangers' licenses displayed conspicuously? (NRS 642.460)	Yes
Does the location sell, solicit, negotiate or is a party to any preneed contract or provide preneed services?	Yes
If they sell pre-need, are they properly licensed with the Division of Insurance? (NRS 689)	Yes

Notes:

Photo of Displayed Licenses





Direct Cremation Facility Inspection Checklist

LIST NAMES AND LICENSE NUMBERS

Name	Judy Cannon
License Number	FD1006

ADVERTISING

Does the location advertise?	Yes
Types Of Advertising	Website
For any viewed advertising, does the advertising appear to be free of any misrepresentations? (NRS 642.5172)	Yes
Does a advertising and signage specify that the facility is limited to providing direct cremation services? (NRS 642.5172)	Unknown

Notes:

Neptune website reviewed. Signage not yet on facility. Current facility is being purchased and will change names upon closing.

Photo of Signage

GENERAL PRICE LIST (GPL)

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



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD
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Email nvfuneralboard@fb.nv.gov

Direct Cremation Facility Inspection Checklist

Notes: _____

GENERAL PRICE LIST DISCLOSURES

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

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

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

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

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

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

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

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

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

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

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

"A complete price list will be provided."

Notes

No caskets are offered. An alternative container is listed.

ITEMIZED STATEMENT OF FUNERAL GOODS AND SERVICES



Direct Cremation Facility Inspection Checklist

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

- 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:

Template reviewed.

STATEMENT OF FUNERAL GOODS AND SERVICES DISCLOSURE

- Is the following disclosure included in immediate conjunction with the list of itemized cash advances? NRS 642.019, 16 CFR 453.3(f)(2) Yes
 "We charge you for our service in obtaining: (specify cash advance items)."

- Is the following disclosure included in the statement of funeral goods and services selected? NRS 642.019, 16 CFR 453.4(a)(2)(i)(A) Yes
 "Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below."

Notes:

CASKET PRICE LIST

- Does the location provide a casket price list? NRS 642.019, 16 CFR 453.2(b)(2) Yes
 (If prices of all caskets are listed on the GPL, this item is not required)



Direct Cremation Facility Inspection Checklist

Does the casket price list contain the name of the location 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:

Facility does not offer caskets but includes alternative containers on its CPL.

FACILITY FORMS AND RECORDS

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

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

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

Does the facility provide a disclosure stating that the direct cremation facility is unable to provide rites or ceremonies in connection with the final disposition of the remains? (NAC 642.156) Yes

Does the facility provide a disclosure stating that the direct cremation facility is unable to provide facilities to conduct rites or ceremonies in connection with the final disposition of the remains? (NAC 642.156) Yes

Does the facility provide a disclosure stating that the direct cremation facility is unable to provide embalming of human remains? (NAC 642.156) Yes

Does the facility provide a disclosure stating that the direct cremation facility is unable to provide burial services? (NAC 642.156) Yes

Does the facility provide a disclosure stating that the direct cremation facility is unable to provide for a viewing of the remains other than an identification viewing? (NAC 642.156) Yes

Do records generally appear to be in good order? Yes

If remains are not stored or cremated at this location, do forms advise consumer of the location where remains will be stored or cremated? (NAC 642.154) Yes



Direct Cremation Facility Inspection Checklist

Notes

Templates reviewed. No completed forms available.

CREMATION AUTHORIZATION FORM

This may be reviewed as part of direct cremation facility 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:

GENERAL LOCATION MANAGEMENT

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

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

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

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

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

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

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

Notes



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

Direct Cremation Facility Inspection Checklist

New Photo



New Photo

BODY DONATION INFORMATION

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

Notes:

CREMATORY&NBSP;INFORMATION

Does the facility have an on-site crematory? No
If not, where are bodies from the facility cremated? Palm Crematory, 1330 N. Main Street, Las Vegas, NV

General Notes or Comments

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 Veteran's Services within 1 year? This includes families who have never returned to claimed the cremated remains. NRS 642.0197 N/A

Notes

No unclaimed cremated remains on site during inspection.

REGULATORY FEES

Is the location in compliance with submission of regulatory fees pursuant to NRS 642.0696 and Regulation R143-237? N/A



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Direct Cremation Facility Inspection Checklist

Do the fees submitted correspond to the number of signed funeral service agreements for the time period reviewed? N/A
NRS 642.0696

Request the list of signed funeral services agreements for each period reviewed.

Notes

New facility has not entered into funeral service agreements.

INSPECTION INFORMATION

Date of Inspection 11/20/2025
Time of Inspection 11:30 AM
Type of Inspection Initial
Name of Inspector Stephanie Bryant McGee
Signature of Inspector

Handwritten signature of Stephanie Bryant McGee in black ink.

Name of Agency Representative at Time of Inspection: Judy Cannon

Signature of Agency Representative at Time of Inspection

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

Additional Photo

Additional Photo

Additional Photo

From: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temporary Approval Req. for Neptune Society on 11 South Stephanie in Las Vegas
Date: Monday, December 29, 2025 3:03:31 PM

Hi Stephanie - temporary approval granted for Neptune Society.

Jeff

On Fri, Dec 26, 2025 at 4:52 PM Stephanie McGee <director@fb.nv.gov> wrote:

Good afternoon, Jeff.

Attached is a redacted application submitted by Neptune Management Corporation, which is acquiring the business currently operating as National Cremation Society from NCS Marketing Services, LLC. The application for a direct cremation facility is complete and the fees have been paid. I reviewed the background reports for each of the principals of Neptune Management Corporation, and there were no concerns. The proposed managing funeral director, Judy Cannon (FD1006) meets the requirements to serve as the managing funeral director (she is currently the MFD for National Cremation Society). Neptune Society is seeking approval effective January 1, 2026.

Will you please consider granting temporary approval until the February meeting, when the Board, as a whole, can consider the application?

Thank you, in advance. Please let me know if you have any questions.

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>



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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: Davis Funeral Home		Permit #: EST26
Physical address: 6200 S Eastern Ave		
City: Las Vegas	State: NV	Zip Code: 89119
Phone Number: 702-736-6200	E-mail Address: lsmith@davisfuneralservices.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 6200 S Eastern Ave		
City: Las Vegas	State: NV	Zip Code: 89119

Proposed New Managing Funeral Director Information

Name: Lennette Smith		License # 893	Proposed Start Date: 11-11-25
Physical Home Address: [Redacted] Verified--lives within 120 miles of facility. SBM 11.24.2025			
City: Las Vegas	State: NV	Zip Code: 89169	
Phone Number: [Redacted]	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
---	---	------------------------------	-----------------------------

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	Date
<i>[Signature]</i>	11/23/25
Print Name	Title
<i>Lauren Guido</i>	GM

Signature of Proposed New Managing Funeral Director	Date
<i>[Signature]</i>	11/23/25
Print Name	
Lennette Smith	

Credit Card Payment Information

Payment Method

VISA
 MasterCard
 AMERICAN EXPRESS
 DISCOVER

Amount: \$ 225-
 Name on Credit Card: *Lauren Guido*
 Credit Card Number: *[Redacted] 6578*
 Expiration Month/Year: *01/28*
 Billing Address: *1020 S Eastern Ave*
 Billing City, State & Zip: *Las Vegas, NV 89119*
 Email for Receipt: *lguido@legacyfuneralgroup.com*
 Authorization Signature: *[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: [Lauren Guido](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Cc: [Lennette Smith](#)
Subject: Lennette Smith
Date: Sunday, November 23, 2025 1:14:38 PM
Attachments: [Outlook-w4dlftdu.png](#)
[Outlook-xzvwodoy.png](#)

Please see the attached application to move Lennette Smith to managing director of Davis Funeral Home and Memorial Park.

Lauren Guido
General Manager Davis Funeral Home and Las Vegas Cremations
Office 702-736-6200



Stephanie McGee

From: Jeff Long <jeffclong525@gmail.com>
Sent: Monday, November 24, 2025 8:46 AM
To: Stephanie McGee
Subject: Re: Request for Temporary Approval--Davis EST26 MFD Smith

Good morning Stephanie - yes this is approved.

Jeff

On Mon, Nov 24, 2025 at 8:37 AM Stephanie McGee <director@fb.nv.gov> wrote:

Good morning, Jeff.

On November 23, 2025, (Sunday) Davis Funeral Home (EST26) submitted a request for approval of a new managing funeral director, Lennette Smith (FD893). The redacted request is attached. The application is complete, and the fees have been paid. Ms. Smith resides within 120 miles of the facility and does not currently manage any other facility.

Will you please consider granting temporary approval of this request until the Board, as a whole, can consider the request at its next meeting?

Please let me know if you have any questions. Thank you, in advance!

Kind regards,

Stephanie

Stephanie Bryant McGee

Executive Director

Nevada Funeral & Cemetery Services Board

[3740 Lakeside Drive, Suite 201](#)

[Reno, NV 89509](#)

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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: Neptune Society Reno		Permit #: DC81L
Physical address: 5890 S. Virginia St, Suite 4-E		
City: Reno	State: Nevada	Zip Code: 89502
Phone Number: (775) 825-5875	E-mail Address: scidirectbusinessops@sci-us.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 100 NW 70th Ave., Suite 200		
City: Plantation	State: FL	Zip Code: 33317

Proposed New Managing Funeral Director Information

Name: Mercedes Quinn Quartucci	License # FD983	Proposed Start Date: 12/01/2025
Physical Home Address: [REDACTED] Verified distance is less than 120 miles. SBM 12/04/2025		
City: Verdi	State: Nevada	Zip Code: 89439
Phone Number: [REDACTED]	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
--	---	-----------------------------

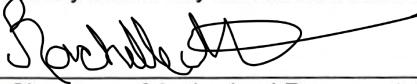
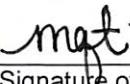
If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	------------------------------	-----------------------------

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.

<p></p> <p>_____ Signature of Authorized Representative of Location</p> <p>Rachelle Merome Print Name</p> <p></p> <p>_____ Signature of Proposed New Managing Funeral Director</p> <p>Mercedes Quinn Quartucci Print Name</p>	<p><u>8/14/2025</u> Date</p> <p>Licensing & Regulatory Compliance Manager Title</p> <p><u>08/13/2025</u> Date</p>
---	---

Credit Card Payment Information

Payment Method

Amount: \$ 225.00

Name on Credit Card: Rachelle Merome

Credit Card Number: ██████████ 1386

Expiration Month/Year: 11/2028

Billing Address: 100 NW 70th Ave., Suite 200

Billing City, State & Zip: Plantation, FL 33317

Email for Receipt: Rachelle.Merome@sci-us.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: [Merome, Rachelle](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Request for Approval of Managing Funeral Director for Neptune Society Reno DC81L
Date: Wednesday, December 3, 2025 12:38:41 PM
Attachments: [image002.png](#)
[REDACTED]

Hello Stephanie,

I hope you had a wonderful Thanksgiving!

We would like to officially rename Mercedes Quartucci as the funeral director for Neptune Society Reno DC81L, effective December 1, 2025. I have attached the signed form for your reference.

Please let me know if you need any additional information for approval.

Thank you!

Best regards,

Rachelle Merome

Licensing & Regulatory Compliance Manager

SCI Direct Inc.

[100 N.W. 70th Avenue, Suite 200 | Plantation FL 33317](#)

E: Rachelle.Merome@sci-us.com

P: 954-861-4825



From: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temp Apprvl Req: Neptune DC81L MFD
Date: Thursday, December 4, 2025 12:01:04 PM

Hi Stephanie,

Temp approval granted.

Thank you,
Jeff

On Thu, Dec 4, 2025 at 11:57 AM Stephanie McGee <director@fb.nv.gov> wrote:

Good morning, Jeff.

On December 3, 2025, Neptune Society (Reno) (DC81L) submitted a request for approval of a new managing funeral director, Mercedes Quartucci (FD983). The redacted request is attached. The application is complete, and the fees have been paid. Ms. Quartucci resides within 120 miles of the facility and does not currently manage any other facility.

Will you please consider granting temporary approval of this request until the Board, as a whole, can consider the request at its next meeting?

Please let me know if you have any questions. Thank you, in advance!

Kind regards,

Stephanie

Stephanie Bryant McGee

Executive Director

Nevada Funeral & Cemetery Services Board

[3740 Lakeside Drive, Suite 201](#)

[Reno, NV 89509](#)

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

RECEIVED

DEC 09 2025

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: MOUNTAIN VIEW MORTUARY		Permit #: EST 3
Physical address: 425 STOKER AVE.		
City: Reno	State: NV	Zip Code: 89503
Phone Number: 775-788-2199	E-mail Address: SSchwerdtfeger@mtvm.net	

Preferred Mailing Address

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

425 STOKER AVE

City: Reno	State: NV	Zip Code: 89503
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Proposed New Managing Funeral Director Information

Name: STEVEN REAMUS SCHWERDTFEGER	License #: FD 1040	Proposed Start Date: 12.15.2025
Physical Home Address: [REDACTED]		
City: Reno	State: NV	Zip Code: 89523
Phone Number: [REDACTED]	E-mail Address: SSchwerdtfeger@mtvm.net	

Verified-lives w/in 120 miles. SBM 12.15.2025

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>N/A</u>		Permit #:	
Physical address: <u>N/A</u>	City:	State:	Zip

2. Name of Location: <u>N/A</u>		Permit #:	
Physical address: <u>N/A</u>	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.

Tracy Spicer
Signature of Authorized Representative of Location

12/9/2025
Date

Tracy Spicer
Print Name

CEO
Title

Steven Schwerdtfeger
Signature of Proposed New Managing Funeral Director

12.9.2025
Date

Steven Schwerdtfeger
Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 225
 Name on Credit Card: Commemorative Services of Nevada
 Credit Card Number: [REDACTED] 5041
 Expiration Month/Year: 12/28
 Billing Address: P.O. Box 5158
 Billing City, State & Zip: Reno, NV 89513
 Email for Receipt: SSchwerdtfeger@MTVM.NET
 Authorization Signature: Steven Schwerdtfeger

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

RECEIVED

For Board Use Only:

<input type="checkbox"/> Date Received:	<u>DEC 09 2025</u>	<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: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temp. Apprvl Rqst.--Mountain View EST3 MFD
Date: Monday, December 15, 2025 12:29:42 PM

Hi Stephanie - temporary approval granted for Mr. Schwerdtfeger.

Thank you,
Jeff

On Mon, Dec 15, 2025 at 10:14 AM Stephanie McGee <director@fb.nv.gov> wrote:

Good morning, Jeff.

Attached, please find a Request for Approval of Managing Funeral Director submitted by Mountain View Mortuary (EST3). The funeral home is seeking approval for Steven Schwerdtfeger (FD1040) to serve as its managing funeral director effective today. The application is complete, and the fees have been paid. Mr. Schwerdtfeger resides within 120 miles of the facility and does not currently manage any other facilities.

Will you please consider granting temporary approval of this request?

Please let me know if you have any questions. Thank you!

Kind regards,

Stephanie

Stephanie Bryant McGee

Executive Director

Nevada Funeral & 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: Earth Funeral		Permit #: EST #144
Physical address: 500 Pilot Rd STE D		
City: Las Vegas	State: NV	Zip Code: 89119
Phone Number: 877-327-4109	E-mail Address: josh@earthfuneral.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)
500 Pilot Road STE D

City: Las Vegas	State: NV	Zip Code: 89119
---------------------------	---------------------	---------------------------

Proposed New Managing Funeral Director Information

Name: Dana Elizabeth Dami	License # FD1042	Proposed Start Date: 1/1/2026
Physical Home Address: <div style="background-color: black; width: 200px; height: 15px; display: inline-block;"></div> Verified-lives within 120 miles. SBM 12.15.2025		
City: Las Vegas	State: NV	Zip Code: 89178
Phone Number: <div style="background-color: black; width: 150px; height: 15px; display: inline-block;"></div>	E-mail Address: <div style="background-color: black; width: 200px; height: 15px; display: inline-block;"></div>	

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
---	---	------------------------------	-----------------------------

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

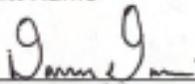
I hereby declare under penalty of perjury, that I have the authority to complete this application and all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.


 Signature of Authorized Representative of Location

12/11/2025
 Date

Josh Forbes
 Print Name

Head of Operations
 Title


 Signature of Proposed New Managing Funeral Director

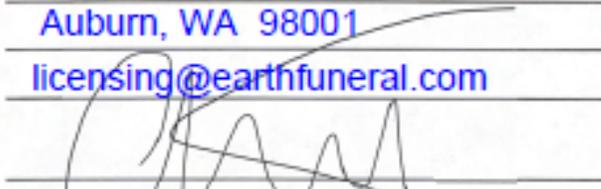
12/11/2025
 Date

Dana Domy
 Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 225
 Name on Credit Card: Christopher Taktak
 Credit Card Number: [REDACTED] 8352
 Expiration Month/Year: 07/28
 Billing Address: 4620 B Street NW, Suite 102
 Billing City, State & Zip: Auburn, WA 98001
 Email for Receipt: licensing@earthfuneral.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: [Chris Taktak](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: NV Change of Managing FD_20251211_signed
Date: Thursday, December 11, 2025 1:23:50 PM
Attachments: 

From: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temp. Apprvl Rqst--Earth Funeral EST144 MFD Dami
Date: Monday, December 15, 2025 12:30:40 PM

Hi Stephanie - temporary approval granted for Ms. Dana Dami.

Thank you,
Jeff

On Mon, Dec 15, 2025 at 11:09 AM Stephanie McGee <director@fb.nv.gov> wrote:

Good morning, Jeff.

Attached, please find a Request for Approval of Managing Funeral Director submitted by Earth Funeral (EST144) for approval of Dana Dami (FD1042) to serve as its managing funeral director. The application is complete, and the fees have been paid. Ms. Dami resides within 120 miles of the facility and does not currently manage any facilities. The proposed start date is January 1, 2025.

Will you please consider granting temporary approval until the February meeting, when the Board as a whole may consider the request?

Please let me know if you have any questions.

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>



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: SIMPLE CREMATION, INC.		Permit #: DC53L
Physical address: 3620 N. RANCHO DR.		
City: LAS VEGAS	State: NV	Zip Code: 89109
Phone Number: (702) 732-7070	E-mail Address: SIMPLECREMATION@GMAIL.COM	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 5450 STEPHANIE STREET		
City: LAS VEGAS	State: NV	Zip Code: 89122

Proposed New Managing Funeral Director Information

Name: CATHERINE PANIAGUA		License # FD1044	Proposed Start Date: 1/15/2026
Physical Home Address: [REDACTED]		Verified-lives w/in 120 miles of facility. SBM 01.13.2026	
City: LAS VEGAS	State: NV	Zip Code: 89108	
Phone Number: (702)732-7070	E-mail Address: CPANIAGUA@SIMPLECREMATION.US		

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: SIMPLE CREMATION, INC. Permit #: DC85L

Physical address: 4955 S. DURANGO, SUITE 206 City: LAS VEGAS State: NV Zip: 89113

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.

Ryan Bowen
Signature of Authorized Representative of Location

1/8/2020
Date

RYAN R. BOWEN

PRESIDENT

Print Name

Title

Catherine Paniagua
Signature of Proposed New Managing Funeral Director

01/08/2020
Date

CATHERINE PANIAGUA

Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 225.00

Name on Credit Card: JOHN D SQUIRES

Credit Card Number: ██████████ 2453

Expiration Month/Year: 10/28

Billing Address: 5450 STEPHANIE ST

Billing City, State & Zip: LAS VEGAS, NV 89122

Email for Receipt: DSQUIRES@LAPALOMAFUNERALSERVICES.COM

Authorization Signature: *J. Squires*

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: [David Squires](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Req for Managing FD, Simple Cremation, Inc., DC53L and DC85L
Date: Thursday, January 8, 2026 4:39:05 PM
Attachments: [REDACTED]

Hi Stephanie – please see attached regarding two Requests for Managing FD regarding Catherine Paniagua (FD1044) pertaining to DC53L (3620 N. Rancho Dr., Las Vegas, NV 89109) and DC85L (4155 S. Durango, Suite 206, Las Vegas, NV 89113).

Thank you!



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

Phone: 702.732.7070

Fax: 702.435.0099

Email: dsquires@lapalomafuneralservices.com

5450 Stephanie St
Las Vegas, NV 89122

www.LaPalomaFuneralServices.com

www.SimpleCremation.us

From: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temporary Approval Req--Simple DC53L and DC85L MFD
Date: Tuesday, January 13, 2026 12:36:02 PM

Hi Stephanie- temporary approval granted for Ms. Paniagua.

Thank you,
Jeff

On Tue, Jan 13, 2026 at 12:22 PM Stephanie McGee <director@fb.nv.gov> wrote:

Good afternoon, Jeff.

Attached, please find the requests submitted by Simple Cremation DC53L and Simple Cremation DC85L for approval of Catherine Paniagua to serve as the managing funeral director for both facilities effective January 15, 2026. The applications are complete, and the fees have been paid. Ms. Paniagua is licensed as a funeral director (FD1044) and lives within 120 miles of each facility. The facilities are within 120 miles of each other. Currently, Ms. Paniagua does not manage any other facility.

Will you please consider granting temporary approval for Ms. Paniagua to serve as the managing funeral director for both facilities? If approved, the requests will be added to the agenda for the February Board meeting.

Please let me know if you have any questions.

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>



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: SIMPLE CREMATION, INC.		Permit #: DC85L
Physical address: 4155 S. DURANGO, SUITE 206		
City: LAS VEGAS	State: NV	Zip Code: 89113
Phone Number: (702) 732-7070		E-mail Address: SIMPLECREMATION@GMAIL.COM

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)
5450 STEPHANIE STREET

City: LAS VEGAS	State: NV	Zip Code: 89122
---------------------------	---------------------	---------------------------

Proposed New Managing Funeral Director Information

Name: CATHERINE PANIAGUA	License # FD1044	Proposed Start Date: 1/15/2026
Physical Home Address: [REDACTED] Verified-lives w/in 120 miles SBM 01.13.2026		
City: LAS VEGAS	State: NV	Zip Code: 89108
Phone Number: (702)732-7070		E-mail Address: CPANIAGUA@SIMPLECREMATION.US

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: SIMPLE CREMATION, INC. Permit #: DC53L

Physical address: 3620 N. RANCHO DR. City: LAS VEGAS State: NV Zip: 89109

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.

Ryan Bowen

Signature of Authorized Representative of Location

Date 1/8/2026

RYAN R. BOWEN

PRESIDENT

Print Name

Title

Catherine Paniagua

Signature of Proposed New Managing Funeral Director

Date 01/08/2026

CATHERINE PANIAGUA

Print Name

Credit Card Payment Information

Payment Method

Amount: \$ 225.00

Name on Credit Card: JOHN D SQUIRES

Credit Card Number: ██████████ 2453

Expiration Month/Year: 10/28

Billing Address: 5450 STEPHANIE ST

Billing City, State & Zip: LAS VEGAS, NV 89122

Email for Receipt: DSQUIRES@LAPALOMAFUNERALSERVICES.COM

Authorization

Signature: *[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: [David Squires](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Req for Managing FD, Simple Cremation, Inc., DC53L and DC85L
Date: Thursday, January 8, 2026 4:39:05 PM
Attachments: [REDACTED]

Hi Stephanie – please see attached regarding two Requests for Managing FD regarding Catherine Paniagua (FD1044) pertaining to DC53L (3620 N. Rancho Dr., Las Vegas, NV 89109) and DC85L (4155 S. Durango, Suite 206, Las Vegas, NV 89113).

Thank you!



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

Phone: 702.732.7070

Fax: 702.435.0099

Email: dsquires@lapalomafuneralservices.com

5450 Stephanie St
Las Vegas, NV 89122

www.LaPalomaFuneralServices.com

www.SimpleCremation.us

From: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temporary Approval Req--Simple DC53L and DC85L MFD
Date: Tuesday, January 13, 2026 12:36:02 PM

Hi Stephanie- temporary approval granted for Ms. Paniagua.

Thank you,
Jeff

On Tue, Jan 13, 2026 at 12:22 PM Stephanie McGee <director@fb.nv.gov> wrote:

Good afternoon, Jeff.

Attached, please find the requests submitted by Simple Cremation DC53L and Simple Cremation DC85L for approval of Catherine Paniagua to serve as the managing funeral director for both facilities effective January 15, 2026. The applications are complete, and the fees have been paid. Ms. Paniagua is licensed as a funeral director (FD1044) and lives within 120 miles of each facility. The facilities are within 120 miles of each other. Currently, Ms. Paniagua does not manage any other facility.

Will you please consider granting temporary approval for Ms. Paniagua to serve as the managing funeral director for both facilities? If approved, the requests will be added to the agenda for the February Board meeting.

Please let me know if you have any questions.

Kind regards,

Stephanie

Stephanie Bryant McGee

Executive Director

Nevada Funeral & Cemetery Services Board

[3740 Lakeside Drive, Suite 201](#)

[Reno, NV 89509](#)

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

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: Andres' Family Mortuary & Cremation		Permit #:
Physical address: 3435 W. Cheyenne Ave Ste. 105		
City: North Las Vegas	State: Nevada	Zip Code: 89032
Phone Number: (702)485-1301	E-mail Address: infor@andresfmc.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.) 3435 W. Cheyenne Ave Ste. 105		
City: North Las Vegas	State: Nevada	Zip Code: 89032

Proposed New Managing Funeral Director Information

Name: Mary Alice Kim Bey-Anderson	License # FD1047	Proposed Start Date: 01/16/2026
Physical Home Address: [REDACTED] Verified--lives within 120 miles of facility. SBM 01.14.2026		
City: Las Vegas	State: Nevada	Zip Code: 89106
Phone Number: [REDACTED]	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
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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.

	<u>01/13/26</u>
Signature of Authorized Representative of Location	Date
<u>Andre L. Crockett</u>	<u>Owner</u>
Print Name	Title
	<u>1/13/26</u>
Signature of Proposed New Managing Funeral Director	Date
<u>Mary Alice Kim Bey-Anderson</u>	
Print Name	

Credit Card Payment Information

Payment Method

Amount: \$
 Name on Credit Card: ANDRE'S FAMILY MORTUARY
 Credit Card Number: [REDACTED] 9906
 Expiration Month/Year: 10/27
 Billing Address: [REDACTED]
 Billing City, State & Zip: N LV NV 89030
 Email for Receipt: Andrethedirector@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: [Mary Bey-Anderson](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Request for Approval of Managing Funeral Director
Date: Tuesday, January 13, 2026 5:38:54 PM
Attachments: [REDACTED]

Hi Jill,

Attached is my application for approval of managing funeral director.

Mary Bey-Anderson | Associate Agent
An Independent Agent Representing Aflac
Nevada
American Family Life Assurance Company of Columbus (Aflac)

Tel: 702-416-7068
Fax: [702.538.8693](tel:702.538.8693)
6127 S. Rainbow Blvd. Suite 110
Las Vegas, NV 89118

mary_beyanderson@us.aflac.com | aflac.com

From: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temp. Apprvl. Req.-Andres Family EST129 MFD
Date: Wednesday, January 14, 2026 3:34:47 PM

Hi Stephanie - temporary approval granted for Ms. Mary Bey-Anderson.

Thank you,
Jeff

On Wed, Jan 14, 2026 at 12:36 PM Stephanie McGee <director@fb.nv.gov> wrote:

Good afternoon, Jeff.

On January 14, 2026, the office received the attached request (redacted) from Andres Family Mortuary and Cremation for approval of Mary Bey-Anderson to act as the facility's managing funeral director. The application is complete, and the fees have been paid. Ms. Bey-Anderson holds a valid funeral director license (FD1047), lives within 120 miles of the facility, and is not currently the managing funeral director for any facilities.

Will you please consider granting temporary approval until the full Board may consider the request during the February meeting?

Please let me know if you have any questions. Thank you, in advance!

Kind regards,

Stephanie

Stephanie Bryant McGee

Executive Director

Nevada Funeral & Cemetery Services Board

[3740 Lakeside Drive, Suite 201](#)

[Reno, NV 89509](#)

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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: Palm South Jones		Permit #: EST37
Physical address: 1600 South Jones BLVD		
City: Las Vegas	State: Nevada	Zip Code: 89146
Phone Number: 702-464-8420	E-mail Address:e Kayla.Blevins@PalmMortuary.com	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)
1600 South Jones BLVD

City: Las Vegas	State: Nevada	Zip Code: 89146
---------------------------	-------------------------	---------------------------

Proposed New Managing Funeral Director Information

Name: Kayla Blevins	License # FD1046	Proposed Start Date: 01/14/2026
Physical Home Address: [REDACTED] Verified--Lives within 120 miles of facility. SBM 01.16.2026		
City: Las Vegas	State: Nevada	Zip Code: 89146
Phone Number: [REDACTED]	E-mail Address:e Kayla.Blevins@PalmMortuary.com	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Noe
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"/> 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.



 Signature of Authorized Representative of Location

1/15/2026

 Date

Celena DiLullo

President

 Title

Print Name

01/14/2026

 Date



 Signature of Proposed New Managing Funeral Director

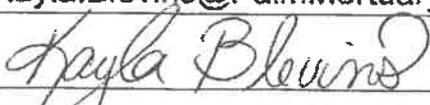
Kayla Blevins

Print Name

Credit Card Payment Information

Payment Method

Amount: \$225.00
 Name on Credit Card: Kayla Blevins
 Credit Card Number: ██████████ 8070
 Expiration Month/Year: 08/27
 Billing Address: 1600 S Jones BLVD
 Billing City, State & Zip: Las Vegas, NV 89146
 Email for Receipt: Kayla.Blevins@PalmMortuary.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: [Jeff Long](#)
To: [Stephanie McGee](#)
Subject: Re: Temp. Apprvl. Rqst. - Palm South Jones EST37 MFD Blevins
Date: Friday, January 16, 2026 10:22:05 AM

Hi Stephanie - temporary approval granted for Kayla Blevins.

Thank you,
Jeff

On Fri, Jan 16, 2026 at 10:03 AM Stephanie McGee <director@fb.nv.gov> wrote:

Good morning, Jeff.

Today, the office received a request for approval of Kayla Blevins, FD1046, to serve as managing funeral director for Palm South Jones, EST37, effective upon approval. The application is complete, and the fees have been paid. Ms. Blevins lives within 120 miles of the facility and currently does not serve as a managing funeral director for any facility.

Will you please consider granting temporary approval for this request? If approved, this will be added to the agenda for the February meeting.

Thank you. Please let me know if you have any questions.

Kind regards,

Stephanie

Stephanie Bryant McGee

Executive Director

Nevada Funeral & Cemetery Services Board

[3740 Lakeside Drive, Suite 201](#)

[Reno, NV 89509](#)

(775)825-5535

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

Application and Instructions for Funeral Director Licensure

Eligibility and Information

Any individual wishing to become licensed in the State of Nevada as a Funeral Director must be at least 18 years of age, be of good moral character, pass the Nevada Laws, Rules and Regulation (NVLRR) examination, pass the National Board Exam Arts Section or the Nevada State Board exam and 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 and the application will be reviewed.

Required Documents

- Completed Application:** Applications are required to be completed in full and must be signed. An incomplete application will not be accepted and may be returned to the applicant. Omissions or fraudulent answers may be grounds for denial of application.
- Experience:** Effective January 1, 2016, applicants must have been licensed and actively practicing as a Funeral Arranger for one (1) year prior to applying for a Funeral Director License. Applicants who have been licensed as a funeral director in another state for at least one (1) year are exempt from this requirement.
- Testing:** Applicants for licensure as a Funeral Director must have passed the Nevada Law, Rules, and Regulations (NVLRR) exam, and passed the National Board Exam Arts Section or the Nevada State Board exam. All exams are provided through The International Conference of Funeral Service Examining Boards ("The Conference"). Testing authorization form can be found on Board website.
- Nevada Business License:** Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements if applicable. Information is available through the Secretary of State's Office or www.nvsilverflume.gov.
- Criminal History Form and/or Legal Reporting Form:** These documents must be completed if applicant has a criminal history or legal information to report. Forms can be found on Board website or mailed upon request.
- Full Face Photograph of Applicant:** Please submit a 2" x 2" full face photograph with application.
- 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."

Instructions for Completing Your Application

- Successfully pass the NVLRR and NVSBE or NBE-ART (the Funeral Board must receive exam score reports prior to licensure).
- Complete the Funeral Director Licensure application, and submit all required documents, including exam score reports, criminal history or legal reporting forms if required.
- Once all required information has been received by the Board, allow **ten (10) days** for processing the application. When the application process is complete, if approved, the applicant will receive an approval letter with license.
- The application may need to be reviewed by the Board at the next Board meeting depending on information submitted or obtained by the Board. If a review at a Board meeting is required, applicant will be notified of the date, time and location of the meeting.

Mail, Email or Fax Completed Application with Fees to:
Nevada Funeral and Cemetery Services Board
3740 Lakeside Drive, Suite 201
Reno, NV 89509
(775) 825-5535 – Fax: (775) 507-4102
Email: nvfuneralboard@fb.nv.gov

Application and Instructions for Funeral Director Licensure

Applicant Information									
Full Legal Name: Sheila Rae Winn									
H [REDACTED]					City: Buhl		State: ID		Zip: 83316
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell [REDACTED]					Personal E-mail Address: [REDACTED]				
S [REDACTED] er:					D [REDACTED]		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Citizenship: <input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> Authorized to Work in the US					Place of Birth: [REDACTED] Wisconsin				
List all prior names used by applicant: Babcock, Salmon									
Employment Information									
Name of Employer: Farmer Funeral Chapel									
Work Mailing Address: 130 9th Avenue N					City: Buhl		State: ID		Zip: 83316
Phone Number: <input checked="" type="checkbox"/> Work <input type="checkbox"/> Cell 208-543-4333					Work E-mail Address: sheilafarmerchapel@gmail.com				
Preferred Contact Information (all Board correspondence will be sent to selected):							<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Work	
Address History – Please list places of residence for the last 10 years – attach additional sheets if necessary									
1 [REDACTED]					City: Buhl		State: ID		Zip: 83316
Dates of Residence:		From:	10/12/2021		To:	12/04/2025		<input checked="" type="checkbox"/> Own	<input type="checkbox"/> Rent
2 [REDACTED]					City: Pahrump		State: NV		Zip: 89061
Dates of Residence:		From:	12/24/1995		To:	10/12/2021		<input checked="" type="checkbox"/> Own	<input type="checkbox"/> Rent
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

Application and Instructions for Funeral Director Licensure

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

1. Current Employer:		<i>Dates of Employment:</i>		From:	To:
Farmer Funeral Chapel				03/25/2025	
Title:	Administrative Assistant	Duties:	Clerical assistance		
Address:		City:	State:	Zip:	
130 9th Avenue North		Buhl	ID	83316	
Phone Number:	702-683-1211	Fax #:			

2. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Cascades at Desert View				11/18/2021	09/15/2025
Title:	Human Resources	Duties:	Employee Assistance/payroll		
Address:		City:	State:	Zip:	
820 Sprague Ave		Buhl	ID	83316	
Phone Number:	208-543-6401	Fax #:			

3. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Clark County Funeral Services				08/01/2019	10/01/2021
Title:	Managing Funeral Director	Duties:	Funeral Home Manager		
Address:		City:	State:	Zip:	
Business Closed		Las Vegas	NV		
Phone Number:		Fax #:			

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

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

Experience and Professional Licensing History

Have you been licensed and actively practicing as a Funeral Arranger in the State of Nevada for at least one (1) year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Funeral Arranger license number:	Unknown	
Date your Funeral Arranger license was issued:		

Application and Instructions for Funeral Director Licensure

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 type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
State/Jurisdiction	License Type	License #	Date of Issue
Nevada	Funeral Director	FD926	

Examination of Applicant			
<i>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 – Art Section, only the Nevada Law, Rule and Regulation Exam is required.</i>			
Have you taken and passed the National Board Exam-Art Section (NBE-Art)?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Date NBE-Art exam was taken:		Score:	
Have you taken and passed the Nevada State Board Exam (NVSBE)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Date NVSBE exam was taken:		Score:	Pass
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:		Score:	Pass
<i>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.</i>			

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

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.

Application and Instructions for Funeral Director Licensure

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 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.

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you?	<input checked="" type="checkbox"/> Yes	<input 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.

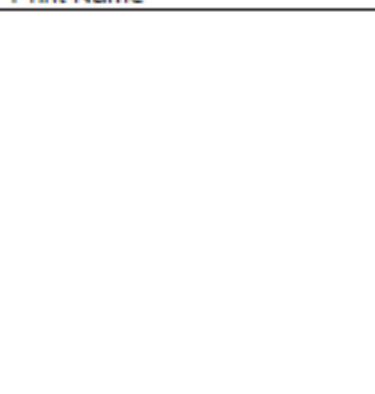
Applicant agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understands that any information submitted, including this application, may be deemed a public record with the exception of any information deemed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

Sheila Winn

Signature of Applicant

Sheila Winn

Print Name



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

12/04/2025

Date

Application and Instructions for Funeral Director Licensure

Credit Card Payment Information

Payment Method

Applicant Name: Sheila WinnAmount: \$ 200.00Name on Credit Card: Sheila WinnCredit Card Number: ██████████ 2856Expiration Month/Year: 10/2029Billing Address: 19799 Hwy 30Billing City, State & Zip: Buhl, Idaho 83316Email for Receipt: sheilafarmerchapel@gmail.com**Authorization**Sheila Winn

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:

Date Received: _____ Amount Paid: _____ Ref. #: _____

Approved: _____ Issue Date: _____ Lic #: _____

Denied/Withdrawn: _____ Date Mailed: _____



Please note that the final executed consent order was entered as a revocation of my license as a result of my financial inability to pay a \$2000.00 fine. As previously stated, the funeral home owners engaged in a significant legal dispute which caused all monies and funds to be placed in blocked accounts. Therefore, I had not been paid for the last 3 months that I worked for Clark County Funeral Services, and I then relocated to Idaho from Nevada. So, I was not financially ABLE to pay the fine. The Executive Director of the Funeral Board at that time redrafted the Consent Decree by removing the fine and revoking my license rather than the public remand. I hope this makes sense. Had I been in a position to pay the fine, I would still be in an inactive status.

Thank you for your understanding and consideration of my application for the Funeral Director Trainee program.

Sincerely,

Sheila Winn

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INFORN THE STATE OF NEVADA,
FUNERAL AND CEMETERY SERVICES

IN THE MATTER OF:

SUELLA WENN,
Funeral Director
License No. FD0226

(Case No. FDC103) AND (1022094)

Respondent.

CONSENT DECREE

The State of Nevada Board of Funeral and Cemetery Services ("BOARD") having jurisdiction over SUELLA WENN, Funeral Director License No. FD0226 ("RESPONDENT"), pursuant to NRS 642.5175; a complaint against said permit holder having been received alleging violations of the Nevada statutes and regulations controlling funeral directors; and the parties being mutually desirous of settling the controversy between them relative to the pending complaint;

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms:

VOLUNTARY WAIVER OF RIGHTS

RESPONDENT is aware of, understands, and has been advised of the effect of this Consent Decree, which they have carefully read and fully acknowledged. RESPONDENT has had the opportunity to consult with competent counsel of her choice.

RESPONDENT has freely and voluntarily entered into this Consent Decree, and is aware of her rights to contest the charges. These rights include representation by an attorney at her own expense, the right to file an answer in response to a formal complaint, the right to a public hearing on any charges or allegations formally filed, the right to confront and cross-examine witnesses called to testify against her, the right to present evidence on her own behalf, the right to testify on her own behalf, the right to receive

1 written findings of fact and conclusions of law supporting the decision on the merits of the
2 complaint, and the right to obtain judicial review of the decision. All of these rights are
3 being voluntarily waived by RESPONDENT in exchange for the BOARD'S acceptance of
4 this Consent Decree.

5 If the Consent Decree is not accepted by the BOARD, no member of the BOARD will
6 be disqualified from further hearing of this matter, by reason of his or her consideration of
7 the Consent Decree. RESPONDENT hereby waives any claim of bias or prejudice based
8 upon said consideration by any member of the BOARD in any subsequent disciplinary
9 hearing conducted by the BOARD.

10 JURISDICTION

11 RESPONDENT acknowledges that the BOARD has jurisdiction over her and the
12 conduct alleged in the Complaint. RESPONDENT acknowledges that the BOARD has the
13 legal power and authority to take disciplinary action, including, but not limited to, the
14 revocation of the funeral director license in Nevada.

15 RESPONDENT acknowledges that the BOARD will retain jurisdiction over this
16 matter until all terms and conditions set forth in this Consent Decree have been met to the
17 satisfaction of the BOARD.

18 PUBLICATION OF CONSENT DECREE

19 RESPONDENT acknowledges that at the time this Consent Decree becomes
20 effective, it also becomes a public document and will be reported to the State of Nevada,
21 Legislative Council Bureau, Disciplinary Action Reporting System; and such other national
22 databases as required by law. It is also understood that any meeting during which the
23 BOARD considers and accepts or rejects this Consent Decree is open to the public, and that
24 the minutes of the BOARD meeting are a public document, available for inspection by any
25 person so requesting.

26 INDEMNIFICATION

27 RESPONDENT, for herself, her heirs, executors, administrators, successors and
28 assigns, hereby indemnifies and hold harmless the State of Nevada, the BOARD, the

1 Nevada Attorney General's office and each of its members, agents and employees in their
2 individual and representative capacities against any and all claims, suits, demands,
3 actions, debts, damages, costs, charges, and expenses, including court costs and attorney's
4 fees against any persons entities as well as all liability, losses, and damages of any nature
5 whatsoever that the persons and entities named in this paragraph shall have or may at
6 any time sustain or be liable by reason of this investigation, this disciplinary action, this
7 self defense or its administration.

8 *STATEMENT OF FACTS AND DEFENSES*

9 RESPONDENT understands the nature of the allegations under consideration by
10 the BOARD. RESPONDENT acknowledges that the conduct alleged in the complaint, if
11 proven, constitutes violations of the Nevada Board of Funeral and Cemetery Services
12 Practice Act (NRS and NAC 642). RESPONDENT further recognizes that if this matter
13 were to be taken to a disciplinary hearing before the BOARD, there is a substantial
14 likelihood that the following allegations could be proven as true, and that as a result it
15 would be subject to disciplinary action by the BOARD. As such, RESPONDENT does not
16 contest the following allegations:

17 1. RESPONDENT was formerly the managing funeral director of Clark County
18 Funeral Services and held a valid funeral director license on the dates of the alleged
19 violations, and continues to hold a funeral director license that has been placed on inactive
20 status.

21 2. A complaint was received by the BOARD on or about November 29, 2021,
22 alleging the following:

23 a. Decedent Tamara V. Mikolyants died on February 23, 2021, and came
24 into the care of Clark County Funeral Services.

25 b. Family of decedent paid for a witness cremation.

26 c. Decedent was inadvertently cremated without family being able to
27 witness.

28 ...

1 3. A second complaint was received by the BOARD on or about February 20,
2 2022, alleging the following:

3 a. Decedent John Aitchison died on August 26, 2021, and came into the
4 care of Clark County Funeral Services.

5 b. Family paid for cremated remains and six (6) death certificates to
6 be shipped to the family in Florida.

7 c. At the time of the complaint, the family had not received the cremated
8 remains or the death certificates, but subsequently received the remains.

9 4. NRS 642.5174(1) states that unprofessional conduct includes
10 misrepresentation or fraud in the operation of a funeral establishment.

11 5. NRS 642.5174(11) states that unprofessional conduct includes violation of
12 any provision of this chapter, any regulation adopted thereto or any order of the Board.

13 6. NRS 642.5174(12) states that unprofessional conduct includes violation of any
14 state law or municipal or county ordinance affecting the handling, custody, care, or
15 transportation of dead human bodies, including, without limitation, Chapters 440, 451 and
16 452 of NRS.

17 7. NRS 642.5174 (14) states that unprofessional conduct includes refusing to
18 surrender promptly the custody of a dead human body upon the express order of the person
19 lawfully entitled to the custody thereof.

20 8. NRS 642.345 states that a funeral director is responsible for the proper
21 management of each funeral establishment of which the funeral director is the manager.

22 9. Pursuant to Nevada Revised Statute (NRS) 642.5175:

23 The following acts are grounds for which the Board may
24 take disciplinary action against a person who holds a license,
25 permit, or certificate issued by the Board pursuant to this chapter
26 or chapter 451 or chapter 452 of NRS, or may refuse to issue such
27 a license, permit, or certificate to an applicant therefor:

- 28 1. Conviction of a crime involving moral turpitude.
 2. Unprofessional conduct.
 3. False or misleading advertising.

- 1 4. Conviction of a felony relating to the practice of funeral
2 directors or funeral arrangers.
3 5. Conviction of a misdemeanor that is related directly to the
4 business of a funeral establishment, direct cremation facility,
5 cemetery, or crematory.

6 10. Pursuant to Nevada Revised Statute (NRS) 642.5176:

7 1. If the Board determines that a person who holds a license,
8 permit or certificate issued by the Board pursuant to this
9 chapter or chapter 407 or 468 of NRS has committed any of
10 the acts set forth in NRS 642.5176 the Board may:

- 11 (a) Refuse to renew the license or permit;
12 (b) Revoke the license or permit;
13 (c) Suspend the license or permit for a definite period or until
14 further order of the Board;
15 (d) Impose a fine of not more than \$5,000 for each act that
16 constitutes a ground for disciplinary action;
17 (e) Place the person on probation for a definite period subject
18 to any reasonable conditions imposed by the Board;
19 (f) Administer a public reprimand; or
20 (g) Impose any combination of disciplinary actions set forth in
21 paragraphs (a) to (f), inclusive.

22 2. The Board shall not administer a private reprimand.

23 3. An order that imposes discipline and the findings of fact and
24 conclusions of law supporting that order are public records.

25 11. RESPONDENT does not contest the allegations in the Complaint and
26 acknowledges that as a consequence they are subject to discipline pursuant to the above
27 charges and statutory provisions.

28 **STIPULATED ADJUDICATION**

RESPONDENT stipulates that pursuant to the authority of NRS 642.5175 and NRS
642.5176, the BOARD will administer a PUBLIC REPRIMAND and REVOCATION of the
RESPONDENT'S license through voluntary surrender. Additionally, RESPONDENT
must comply with the following conditions:

1. Within thirty (30) days of the approval and execution of this Consent Decree,
RESPONDENT shall pay three hundred and twenty-six and 00/100 dollars (\$326.00) in
attorney's fees and costs.

...

...

1 a. No grace period is permitted. Full payment not actually received by
2 the BOARD on or before the thirty days, as indicated above, shall be
3 construed as an event of default by RESPONDENT.

4 b. In the event of default, RESPONDENT will be reported for debt
5 collection to the State and will not be eligible to reapply for a license
6 until the debt is paid.

7 c. RESPONDENT shall no longer be eligible to practice financial counseling in the
8 State of Nevada for a two year period.

9 d. RESPONDENT shall be eligible to reapply for licensure after the end of the
10 two-year revocation period and must meet all relevant qualifications in place at the time
11 the new application is submitted.

12 4. RESPONDENT agrees that they will be financially responsible for all
13 requirements of this Consent Decree and any reasonable financial assessments by the
14 Board for the cost of monitoring its compliance or carrying out the provisions of this
15 Consent Decree.

16 **VIOLATION OF TERMS OF CONSENT DECREE**

17 RESPONDENT understands that the BOARD may, upon thirty (30) days' notice to
18 RESPONDENT, convene a hearing for the limited purpose of establishing that they
19 violated the terms of this Consent Decree. If such a hearing results in a finding of a
20 violation of this Consent Decree, the BOARD may impose any penalty upon
21 RESPONDENT authorized by NRS 642.5176.

22 RESPONDENT agrees to waive her rights to appeal the substantive legal basis of
23 the original disciplinary action, which is the basis for this Consent Decree. In the event an
24 alleged violation of the Consent Decree is taken to hearing and the facts which constitute
25 the violation are determined to be not proven, no disciplinary action shall be taken by the
26 BOARD.

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IN WITNESS WHEREOF

This Consent Decree will be presented and accepted by the BOARD with a recommendation for approval from the Attorney General's Office at its next meeting.

COMPLETE CONSENT DECREE

This Consent Decree embodies the entire agreement between the BOARD and SHEILA WINN. It may not be amended, modified or altered without the express written consent of the parties.

DATED this 22nd day of March, 2023.

By: Sheila Winn
Sheila Winn
Funeral Director ID 926

The foregoing Consent Decree between SHEILA WINN, and the STATE OF NEVADA FUNERAL AND CEMETERY SERVICES BOARD in Case Nos. FB21-56 and FB22-04 is approved as to form and content.

DATED this 23rd day of March, 2023.

AARON D. FORD
Attorney General

By: Joel Bekker
JOEL BEKKER
Deputy Attorney General
Nevada Bar No.
Attorneys for Petitioner
State of Nevada, Board of
Funeral and Cemetery Services

ORDER

1
2 By a majority vote on the 6TH day of APRIL, 2023, the State of Nevada
3 Board of Funeral and Cemetery Services approved and adopted the terms and
4 conditions set forth in the attached Consent Decree with Sheila Winn.

5 IT IS HEREBY ORDERED AND MADE EFFECTIVE.

6 DATED this 6TH day of APRIL, 2023.

7
8 By: 
9 Dr. Randy Sharp, Chairman
for the Board of Funeral and Cemetery Services

State of Nevada Funeral and Cemetery Services

Balance Sheet

As of January 31, 2026

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking State of NV Funeral Brd	413,987.57
Total Bank Accounts	\$413,987.57
Accounts Receivable	
Accounts Receivable	2,260.00
Total Accounts Receivable	\$2,260.00
Other Current Assets	
Payroll Refunds	0.00
Prepaid expenses	1,323.00
Undeposited Funds	0.00
Total Other Current Assets	\$1,323.00
Total Current Assets	\$417,570.57
Fixed Assets	
Accumulated Depreciation	-26,831.39
Machinery & Equipment	27,858.21
Total Fixed Assets	\$1,026.82
Other Assets	
Accum Depr - Right of Use Asset	-10,944.83
Deferred Outflows related to OPEB	26,375.74
Right of Use Asset	105,591.83
Security Deposits	1,500.00
Total Other Assets	\$122,522.74
TOTAL ASSETS	\$541,120.13

State of Nevada Funeral and Cemetery Services

Balance Sheet

As of January 31, 2026

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	0.00
Accounts Payable	0.00
Total Accounts Payable	\$0.00
Other Current Liabilities	
Accrued Expenses	0.00
Deferred Revenue - Current	45,787.50
Direct Deposit Payable	0.00
Lease Liability - Current	19,238.00
Payroll Liabilities	
Accrued Compensation	0.00
Deferred Compensation	0.00
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	183.45
Vacation Liability	13,958.67
Total Payroll Liabilities	14,142.12
Total Other Current Liabilities	\$79,167.82
Total Current Liabilities	\$79,167.82
Long-Term Liabilities	
Deferred Inflows related to OPEB	61,647.00
Deferred Revenue - Non Current	49,950.00
Lease Liability - Non Current	79,189.00
Net OPEB Liabilities	112,730.00
Total Long-Term Liabilities	\$303,516.00
Total Liabilities	\$382,683.82
Equity	
Fund Balance	176,359.56
Invested in Capital Assets	0.00
Net Income	-17,923.05
Total Equity	\$158,436.51
TOTAL LIABILITIES AND EQUITY	\$541,120.13

State of Nevada Funeral and Cemetery Services

Budget vs. Actuals: FY26 P&L

July 2025 - January 2026

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
Licensing and Service Fees				
Approval of Managing Funeral Director	2,700.00	4,300.00	-1,600.00	62.79 %
Examinations	2,500.00	4,000.00	-1,500.00	62.50 %
Facility Location Change Request		450.00	-450.00	
Inactivation/reactivation of License	350.00	700.00	-350.00	50.00 %
Initial Licensing	23,234.23	28,000.00	-4,765.77	82.98 %
Reinstatement of Lapsed License	300.00	300.00	0.00	100.00 %
Reissue License Request	750.00	300.00	450.00	250.00 %
Total Licensing and Service Fees	29,834.23	38,050.00	-8,215.77	78.41 %
NV Regulatory Fee	143,400.00	290,380.00	-146,980.00	49.38 %
Other Revenue				
Administrative Fine	1,000.00		1,000.00	
Interest Income	22.23	40.00	-17.77	55.58 %
Legal Fees		500.00	-500.00	
Total Other Revenue	1,022.23	540.00	482.23	189.30 %
Renewals				
Cemetery Renewals	1,233.33	1,800.00	-566.67	68.52 %
Crematory Renewals	2,941.65	2,700.00	241.65	108.95 %
Direct Cremation Renewals	516.67		516.67	
Embalmer Renewals	5,741.69	9,100.00	-3,358.31	63.10 %
Establishment Permit Renewals	4,033.33	6,700.00	-2,666.67	60.20 %
Funeral Arranger Renewals	8,893.78	18,500.00	-9,606.22	48.07 %
Funeral Director Renewals	10,483.35	18,400.00	-7,916.65	56.97 %
Late Renewal Fees		300.00	-300.00	
Total Renewals	33,843.80	57,500.00	-23,656.20	58.86 %
Total Income	\$208,100.26	\$386,470.00	\$ -178,369.74	53.85 %
GROSS PROFIT	\$208,100.26	\$386,470.00	\$ -178,369.74	53.85 %
Expenses				
Administrative Fines	1,000.00		1,000.00	
Attorney General - Legal Fees	17,704.89	15,000.00	2,704.89	118.03 %
Background Checks	698.25	1,400.00	-701.75	49.88 %
Bank fees	5,489.97	5,401.00	88.97	101.65 %
Board Member Compensation	2,700.00	4,200.00	-1,500.00	64.29 %
Conferenc/Training Registration	900.00	1,500.00	-600.00	60.00 %
Contractual services				
Auditing	11,500.00	11,500.00	0.00	100.00 %
Bookkeeping	7,380.00	9,840.00	-2,460.00	75.00 %
Dues and Tests	250.00	250.00	0.00	100.00 %
Janitorial	1,820.00	3,500.00	-1,680.00	52.00 %
Total Contractual services	20,950.00	25,090.00	-4,140.00	83.50 %
Dues / Memberships	518.87		518.87	

State of Nevada Funeral and Cemetery Services

Budget vs. Actuals: FY26 P&L

July 2025 - January 2026

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Equipment and Furnishings	79.32	1,200.00	-1,120.68	6.61 %
Insurance	3,353.49	5,000.00	-1,646.51	67.07 %
Meeting Expenses		1,500.00	-1,500.00	
Office Lease	14,382.00	21,030.00	-6,648.00	68.39 %
Office Supplies	1,694.28	1,100.00	594.28	154.03 %
Payroll Expenses				
Administrative Wages	30,348.32	52,938.00	-22,589.68	57.33 %
Employer Taxes	9,675.82	16,000.00	-6,324.18	60.47 %
Executive Director Salary	66,875.96	116,696.00	-49,820.04	57.31 %
Health Insurance	16,539.65	23,000.00	-6,460.35	71.91 %
Inspector/Investigation Wages	3,516.24	36,388.00	-32,871.76	9.66 %
Retirement	14,607.47	29,145.00	-14,537.53	50.12 %
Vacation Expense	-652.31		-652.31	
Total Payroll Expenses	140,911.15	274,167.00	-133,255.85	51.40 %
Postage / Postage Meter Lease	1,137.14	1,500.00	-362.86	75.81 %
Printing and Copying / Copier Lease	877.76	2,500.00	-1,622.24	35.11 %
Repair and Maintenance	165.00	500.00	-335.00	33.00 %
Software	2,150.51	4,400.00	-2,249.49	48.88 %
Technical Support Web Site	661.31	1,500.00	-838.69	44.09 %
Telephone/Internet	2,179.90	3,700.00	-1,520.10	58.92 %
Travel				
In-State Travel	5,180.31	8,900.00	-3,719.69	58.21 %
Out-of-State Travel	2,113.22	3,600.00	-1,486.78	58.70 %
Total Travel	7,293.53	12,500.00	-5,206.47	58.35 %
Utilities				
Electricity / Gas	879.54	1,550.00	-670.46	56.74 %
Security / Alarm System	296.40	600.00	-303.60	49.40 %
Total Utilities	1,175.94	2,150.00	-974.06	54.69 %
Total Expenses	\$226,023.31	\$385,336.00	\$ -159,314.69	58.66 %
NET OPERATING INCOME	\$ -17,923.05	\$1,132.00	\$ -19,055.05	-1,583.31 %
NET INCOME	\$ -17,923.05	\$1,132.00	\$ -19,055.05	-1,583.31 %

State of Nevada Funeral and Cemetery Services

Regulatory Fees

July 2025 - January 2026

	JUL 2025	AUG 2025	SEP 2025	OCT 2025	NOV 2025	DEC 2025	JAN 2026	TOTAL
104 Serenity Funeral Home	280.00	280.00	380.00	320.00	170.00	410.00		\$1,840.00
105L Horizons Cremation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
106L After.com Cremation	410.00	290.00	460.00	340.00	290.00	390.00	280.00	\$2,460.00
108 Truckee Meadows Cremation & Burial Svcs	750.00	630.00	800.00	750.00	550.00	870.00		\$4,350.00
109 Las Vegas Islamic Cemetery	0.00	0.00	10.00	0.00	0.00	10.00	0.00	\$20.00
110 McDermott Funeral Home	640.00							\$640.00
111 Funeraria Casa De Paz	80.00	80.00	230.00	240.00	180.00	250.00		\$1,070.00
113 Nevada Funeral Service	80.00	120.00	110.00	130.00	60.00	80.00		\$580.00
114 Eastside Memorial Park	170.00	110.00	70.00	100.00	50.00	110.00		\$610.00
115 Mountain Vista Chapel	50.00	60.00	40.00	40.00	40.00	30.00		\$260.00
116 Sonoma Funeral Home	130.00	150.00	110.00	120.00	140.00	80.00		\$730.00
127 Truckee Meadows Cremation - Sparks	0.00	0.00	0.00	0.00	0.00	0.00		\$0.00
129 Andres Family Mortuary & Crematory	150.00	130.00	140.00	130.00	160.00	130.00		\$840.00
134 La Eternidad Funeral	130.00	170.00	180.00	140.00	60.00	220.00	170.00	\$1,070.00
138 Care Cremation	760.00	910.00	1,020.00	1,130.00	870.00	1,050.00		\$5,740.00
139 Giddens Memorial Chapel	310.00	340.00	360.00	330.00	250.00	280.00		\$1,880.00
141 Camino Al Cielo Funeral Chapel	180.00	120.00	120.00	120.00	130.00	100.00		\$770.00
142 Pulido Funerals	0.00	10.00	0.00	0.00	0.00	0.00	10.00	\$20.00
143 The Gardens	110.00	80.00	110.00	150.00	60.00	110.00		\$620.00
144 Earth Funeral	250.00	260.00	380.00	430.00	340.00	420.00		\$2,090.00
145 Green Farewells	200.00	230.00	240.00	250.00	160.00			\$1,090.00
15 Southern Nevada Mortuary	50.00	20.00	60.00	0.00	30.00	10.00		\$170.00
18 Gunter's Hawthorne Funeral Home	30.00	50.00	40.00	60.00	90.00	30.00		\$300.00
3 Mountain View Mortuary	310.00	330.00	390.00	300.00	290.00	520.00		\$2,140.00
56 Pahrump Family Mortuary Group	300.00	260.00	300.00	400.00	250.00	250.00		\$1,760.00
5 Smith Family Funeral Home	340.00	340.00	280.00	320.00	340.00	290.00		\$1,910.00
7 Burns Funeral Home, Inc.	250.00	250.00	250.00	300.00	330.00			\$1,400.00
85 Heritage Mortuary	190.00	80.00	100.00	110.00	140.00			\$620.00
8 Freitas Ruprecht Funeral Home	50.00	70.00	110.00	50.00	60.00	60.00		\$400.00
92 Smart Cremation	140.00	140.00	120.00	130.00	170.00	100.00		\$800.00
Anthem								\$0.00
101L Sunrise Cremation	520.00	280.00						\$800.00
133 Desert Memorial	360.00	110.00						\$470.00
Total Anthem	880.00	390.00						\$1,270.00
FPG Nevada								\$0.00
100L Tulip Cremation	120.00	10.00	20.00	0.00	0.00	0.00	10.00	\$160.00
130 Kraft-Susman Funeral Services	190.00	150.00	70.00	200.00	120.00	150.00	230.00	\$1,110.00
98L Vegas Valley Cremation McLeod	250.00	290.00	370.00	560.00	360.00	600.00	610.00	\$3,040.00
Total FPG Nevada	560.00	450.00	460.00	760.00	480.00	750.00	850.00	\$4,310.00
Inspired Life Holdings								\$0.00
128 Inspired Life Memorials & Cremations	480.00	440.00	510.00	530.00	540.00			\$2,500.00
93L Inspired Life Cremations	10.00	10.00	10.00	10.00	0.00			\$40.00
99 Inspired Life Cremations	70.00	80.00	100.00	90.00	80.00			\$420.00
Total Inspired Life Holdings	560.00	530.00	620.00	630.00	620.00			\$2,960.00
Integrity Funeral Service								\$0.00
117 Watson's Funerals and Cremations - Church	60.00	50.00	110.00	70.00	20.00	150.00		\$460.00
118 Watson's Chapel of the Valley	270.00	150.00	340.00	150.00	280.00	320.00		\$1,510.00
119 O'Brien Rogers & Crosby Funeral Home	70.00	50.00	100.00	70.00	70.00	110.00		\$470.00
120 Ross, Burke & Knobel Mortuary - Reno	350.00	340.00	220.00	340.00	200.00	330.00		\$1,780.00
121 Watson's Sierra Chapel	370.00	620.00	490.00	590.00	530.00	460.00		\$3,060.00
122 Watson's Sparks Funeral Home	170.00	150.00	170.00	170.00	110.00	150.00		\$920.00
123 Cremation Society of Nevada - Affinity	180.00	140.00	190.00	200.00	160.00	200.00		\$1,070.00
124 Cremation Society of Nevada - Capitol City	370.00	210.00	100.00	290.00	270.00	480.00		\$1,720.00
125 John Sparks Memorial Cremation	220.00	230.00	160.00	180.00	240.00	170.00		\$1,200.00
126 Cremation Society of Nevada - Northern Nevada	160.00	60.00	80.00	80.00	80.00	140.00		\$600.00
136 Autumn Funerals & Cremation	130.00	230.00	100.00	140.00	80.00	70.00		\$750.00
Total Integrity Funeral Service	2,350.00	2,230.00	2,060.00	2,280.00	2,040.00	2,580.00		\$13,540.00

State of Nevada Funeral and Cemetery Services

Regulatory Fees

July 2025 - January 2026

	JUL 2025	AUG 2025	SEP 2025	OCT 2025	NOV 2025	DEC 2025	JAN 2026	TOTAL
La Paloma Funeral Services								\$0.00
131 La Paloma - West	250.00	330.00	270.00	290.00	290.00	320.00		\$1,750.00
79 La Paloma - Stephanie	690.00	930.00	1,090.00	900.00	960.00	1,080.00		\$5,650.00
88 La Paloma - Longley	370.00	320.00	400.00	340.00	440.00	420.00		\$2,290.00
Total La Paloma Funeral Services	1,310.00	1,580.00	1,760.00	1,530.00	1,690.00	1,820.00		\$9,690.00
Legacy Funeral Holdings, Inc.								\$0.00
146 Bunkers Eden Vale Mortuary	370.00	270.00	300.00	430.00	280.00	260.00		\$1,910.00
147 Bunker's Memory Garden	0.00	0.00	0.00	0.00	0.00	0.00		\$0.00
Davis Funeral Home & Memorial Park								\$0.00
103 Las Vegas Cremations	440.00	580.00	410.00	490.00	330.00	440.00		\$2,690.00
132 Las Vegas Cremations	390.00	450.00	330.00	280.00	360.00	410.00		\$2,220.00
148 Las Vegas Cremations				10.00	240.00	260.00		\$510.00
26 Davis South Eastern Avenue	820.00	1,000.00	1,080.00	1,370.00	1,250.00	1,160.00		\$6,580.00
28 Davis South Rainbow Rd	130.00	180.00	110.00	180.00	200.00	300.00		\$1,100.00
Total Davis Funeral Home & Memorial Park	1,780.00	2,210.00	1,930.00	2,330.00	2,380.00	2,570.00		\$13,200.00
Total Legacy Funeral Holdings, Inc.	2,150.00	2,480.00	2,230.00	2,760.00	2,660.00	2,830.00		\$15,110.00
Perfect Cremations								\$0.00
104L Perfect Cremations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
Total Perfect Cremations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00
SCI								\$0.00
Alderwoods (Nevada) Inc.								\$0.00
38 Thomas and Jones Affordable Funeral Home	240.00	230.00	180.00	230.00	200.00	230.00		\$1,310.00
Total Alderwoods (Nevada) Inc.	240.00	230.00	180.00	230.00	200.00	230.00		\$1,310.00
Keystone America								\$0.00
36 FitzHenry's - Fairview	150.00	170.00	160.00	210.00	180.00	140.00		\$1,010.00
58 FitzHenry's - Highway 395	60.00	70.00	20.00	60.00	60.00	110.00		\$380.00
Total Keystone America	210.00	240.00	180.00	270.00	240.00	250.00		\$1,390.00
Neptune Management Corp.								\$0.00
64L Neptune Society - Las Vegas	830.00	740.00	750.00	960.00	800.00	1,080.00		\$5,160.00
81L Neptune Society - Reno	520.00	440.00	520.00	660.00	500.00	620.00		\$3,260.00
87L National Cremation Society	280.00	130.00	190.00	120.00	190.00	170.00		\$1,080.00
Total Neptune Management Corp.	1,630.00	1,310.00	1,460.00	1,740.00	1,490.00	1,870.00		\$9,500.00
Palm Mortuaries								\$0.00
105 Palm - Southwest	320.00	290.00	230.00	290.00	290.00	380.00		\$1,800.00
17 Palm - Downtown (N Main)	610.00	520.00	580.00	550.00	660.00	650.00		\$3,570.00
19 Palm - Boulder Hwy	440.00	310.00	250.00	340.00	380.00	490.00		\$2,210.00
27 Palm - Eastern	1,130.00	1,000.00	920.00	860.00	1,060.00	1,200.00		\$6,170.00
37 Palm - South Jones	210.00	260.00	320.00	330.00	220.00	210.00		\$1,550.00
54 Palm - Cheyenne	300.00	280.00	330.00	250.00	330.00	320.00		\$1,810.00
55 Affordable Cremation - Decatur	760.00	1,170.00	1,010.00	1,090.00	1,200.00	1,170.00		\$6,400.00
69 King David Memorial Chapel	180.00	130.00	160.00	130.00	120.00	130.00		\$850.00
80 Palm - Northwest	610.00	740.00	360.00	710.00	550.00	680.00		\$3,650.00
Total Palm Mortuaries	4,580.00	4,700.00	4,180.00	4,550.00	4,810.00	5,230.00		\$28,010.00
Total SCI	6,640.00	6,480.00	5,980.00	6,790.00	6,740.00	7,580.00		\$40,210.00
Simple Cremation, Inc. -								\$0.00
103L Simple Cremation Central	50.00	330.00	300.00	340.00	190.00	320.00		\$1,530.00
53L Simple Cremation, Inc. - NW (Rancho)	380.00	330.00	400.00	360.00	470.00	360.00		\$2,300.00
77L Simple Cremation, Inc. - Reno (Kietzke)	400.00	320.00	320.00	350.00	330.00	280.00		\$2,000.00
85L Simple Cremation, Inc. - SW (Durango)	470.00	250.00	300.00	380.00	400.00	320.00		\$2,120.00
86L Simple Cremation Inc. Henderson (Lake Mead)	440.00	550.00	630.00	380.00	490.00	480.00		\$2,970.00
89L Simple Cremation Inc. - Sparks (Rock)	380.00	430.00	340.00	310.00	370.00	170.00		\$2,000.00
90L Simple Cremation - East (Sahara)	600.00	460.00	450.00	510.00	510.00	420.00		\$2,950.00
Total Simple Cremation, Inc. -	2,720.00	2,870.00	2,740.00	2,630.00	2,760.00	2,350.00		\$15,870.00
Smith E LLC								\$0.00
135 Star Mortuary	220.00	150.00	230.00	230.00	260.00	360.00		\$1,450.00
137 Star Mortuary	150.00	150.00	300.00	260.00	240.00	180.00		\$1,280.00

State of Nevada Funeral and Cemetery Services

Regulatory Fees

July 2025 - January 2026

	JUL 2025	AUG 2025	SEP 2025	OCT 2025	NOV 2025	DEC 2025	JAN 2026	TOTAL
89 Star Mortuary (Funeral Smith)	50.00	60.00	50.00	50.00	60.00	20.00		\$290.00
Total Smith E LLO	420.00	360.00	580.00	540.00	560.00	560.00		\$3,020.00
Southern Nevada Funeral Services, LLC								\$0.00
2 Lee Funeral Home	170.00	140.00	170.00	100.00	80.00	110.00		\$770.00
Total Southern Nevada Funeral Services, LLC	170.00	140.00	170.00	100.00	80.00	110.00		\$770.00
The Funeral Directors Management Group								\$0.00
49 Moapa Valley & Virgin Valley Mortuaries	40.00	100.00	50.00	110.00	80.00	90.00		\$470.00
Total The Funeral Directors Management Group	40.00	100.00	50.00	110.00	80.00	90.00		\$470.00
TOTAL	\$24,180.00	\$22,920.00	\$23,070.00	\$24,530.00	\$22,930.00	\$24,480.00	\$1,310.00	\$143,400.00

Applicant Information

Full Legal Name: Dannielle Lynn Christensen

Home Mailing Address: [Redacted] City: Las Vegas State: NV Zip: 89102

Phone Number: Home Cell [Redacted] Personal E-mail Address: [Redacted]

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

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

List all prior names used by applicant:

Employment Information

Name of Employer: Palm Downtown Mortuary & Cemetary

Work Mailing Address: 1325 N. Main St. City: Las Vegas State: NV Zip: 89101

Phone Number: Work Cell (702) 464-8300 Work E-mail Address: dannielle.christensen@dignitymemorial.com

Preferred Contact Information (all Board correspondence will be sent to selected): Home Work

Address History – Please list places of residence for the last 10 years – attach additional sheets if necessary

1. Current Physical Address:		City:	State:	Zip:
[Redacted]		<u>Las Vegas</u>	<u>NV</u>	<u>89102</u>
Dates of Residence:	From:	To:	Own	Rent
	<u>12/2023</u>	<u>Current</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Prior Physical Address:		City:	State:	Zip:
[Redacted]		<u>Las Vegas</u>	<u>NV</u>	<u>89103</u>
Dates of Residence:	From:	To:	Own	Rent
	<u>04/2023</u>	<u>12/2023</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Prior Physical Address:		City:	State:	Zip:
[Redacted]		<u>Lake Havasu</u>	<u>NV</u>	<u>86406</u>
Dates of Residence:	From:	To:	Own	Rent
	<u>6/2021</u>	<u>04/2023</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Prior Physical Address:		City:	State:	Zip:
[Redacted]		<u>Las Vegas</u>	<u>NV</u>	<u>89183</u>
Dates of Residence:	From:	To:	Own	Rent
	<u>Jan 2015</u>	<u>6/2021</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	Own	Rent
			<input type="checkbox"/>	<input type="checkbox"/>
6. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	Own	Rent
			<input type="checkbox"/>	<input type="checkbox"/>
7. Prior Physical Address:		City:	State:	Zip:
Dates of Residence:	From:	To:	Own	Rent
			<input type="checkbox"/>	<input type="checkbox"/>

Application and Instructions for Funeral Arranger Licensure

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

1. Current Employer:		Dates of Employment:		From:	To:
Palm Downtown Mortuary & Cemetery		05/2025		Current	
Title:	Funeral Service Attendant	Duties:	conduct funerals		
Address:	1325 N. Main St.	City:	Las Vegas	State:	NV 89101
Phone Number:	(702) 464-8300	Fax #:			

2. Previous Employer:		Dates of Employment:		From:	To:
Direct 2U Delivery		05/2022		Current	
Title:	Delivery Driver	Duties:	Deliver Lost Luggage.		
Address:	67 Graythorn Mtn Ct.	City:	Henderson	State:	NV 89012
Phone Number:	(702) 272-7182	Fax #:			

3. Previous Employer:		Dates of Employment:		From:	To:
Flying X Saloon		01/2019		05/2022	
Title:	Bartender/Server	Duties:	Bartend & serve drinks.		
Address:	2030 McCulloch Blvd N	City:	Lake Havasu	State:	AZ 86403
Phone Number:	(928) 854-3599	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 #:			

Professional Licensing History – attach additional sheets if necessary

Are you now or have you ever been licensed, certified or registered as an Embalmer or Funeral Director in any other jurisdiction? *If yes, please list all licenses below.* Yes No

Have you ever been licensed or are you currently licensed in this State or any other state for any profession? *If yes, please list all licenses below.* Yes No

State/Jurisdiction	License Type	License #	Date of Issue

Application and Instructions for Funeral Arranger Licensure

Examination of Applicant

Verification of successful completion of testing through The International Conference must be complete prior to issuance of license. Applicant must take and pass the Nevada Law, Rule and Regulation Exam.

Have you taken and passed the Nevada Law, Rule and Regulation Exam (NVLRR)? Yes No

Date NVLRR exam was taken: 09/18/25 Score: 86

If you have completed the required testing, please make sure an "Official Certified Score Report" is sent to the Board office directly from The Conference.

Military History Questions

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from service under conditions other than dishonorable? Yes No

Are you currently a spouse of an active military service member? Yes No

Nevada Business License Information- Please Check ONE appropriate answer.

I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.

I do NOT have a Nevada Business License number and AM required to have one under the provisions of NRS Chapter 76.

I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Child Support Information – Please Check ONE appropriate answer.

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

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

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

Legal Information

Has there ever been a complaint filed, investigation, or legal action taken against any professional license you have held for any reason? Yes No

Are there any pending legal actions, complaints, investigations or hearings concerning you in process? Yes No

Have you ever had any professional license, certification or registration denied, restricted, suspended, or revoked? Yes No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? Yes No

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

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

Application and Instructions for Funeral Arranger Licensure

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.

Dannielle Christensen

Signature of Applicant

12/01/2025

Date

Dannielle Christensen

Print Name



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

RECEIVED

For Board Use Only:

Date Received:	<i>DEC 03 2025</i>	Amount Paid:	_____	Ref. #:	_____
Approved:	_____	Issue Date:	_____	Lic #:	_____
Denied/Withdrawn:	_____	Date Mailed:	_____		

Application and Instructions for Funeral Arranger Licensure

Credit Card Payment Information

Payment Method

Applicant Name:

Dannielle Christensen



Amount:

\$ 375.00

Name on Credit Card:

Dannielle Christensen

Credit Card Number:

[Redacted] 1011

Expiration Month/Year

10 / 30

Billing Address

[Redacted]

Billing City, State & Zip

Henderson, NV 89015

Email for Receipt:

[Redacted]

Authorization

Signature:

Dannielle Christensen

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

November 25, 2025

Statement Regarding Criminal History and Rehabilitation

Dear Members of the Nevada State Funeral & Cemetery Services Board,

My name is Dannielle Christensen, and I am writing to provide an explanation of my criminal history in connection with my application for licensure through the Nevada State Funeral & Cemetery Services Board.

In 2018, while struggling with addiction, I made a series of poor choices that resulted in criminal charges. I take full responsibility for my actions. Since that time, I have completed all court-ordered requirements, including sentences, fines, and any other conditions imposed. I have attached documentation for each case for your review and verification.

I entered recovery and have been clean and sober since May 21, 2023. Over the past two and a half years, I have worked diligently to rebuild my life with honesty, integrity, and accountability. I am currently employed at a funeral home, where I have the privilege of supporting families in their time of need. This work has deepened my gratitude and strengthened my commitment to serving others with compassion and professionalism.

I respectfully ask that the Board consider my rehabilitation, continued sobriety, and current character as you review my application. I am dedicated to maintaining the highest ethical and professional standards in this field, and I am happy to provide any additional documentation or references you may require.

Thank you for your time, understanding, and consideration.

Sincerely,

Dannielle Christensen

[REDACTED]

Las Vegas, NV 89102

[REDACTED]

[REDACTED]



Nevada Funeral & Cemetery Services Board

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535

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

Criminal History Reporting Form

Instructions

Complete and submit this form to report criminal action. Complete a separate form for each crime charged.

All criminal history must be reported, regardless of how much time has passed since the date of the event. Failure to report a criminal action or conviction may result in denial of an application for licensure. You are not required to report minor traffic violations. Note that a DUI or DWI must be reported.

Name of Person Reporting

Full Legal Name (First, Middle, Last): Dannielle Lynn Christensen

Details of Charge/Arrest

Date of Arrest/Citation: <u>1/11/2018</u>	Arrest/Citation/Indictment Charge: <u>Burglary (1st)</u>
Location of Arrest/Citation (City/County/State): <u>Las Vegas, Clark, NV</u>	Court and Case Number: <u>Las Vegas Justice 18 F00515X</u>

Information Regarding Conviction

Disposition Date (mm/dd/yyyy): <u>05/08/2018</u>	<input checked="" type="checkbox"/> Convicted/Guilty	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Diversion
Category:	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	
Crime Convicted Of:	<u>Disorderly Conduct</u>		
Sentence/Fine/Penalty Imposed:	<u>30 days jail suspended, \$152 restitution, 39 hrs community service</u>		

Required Documents

- Attach a detailed explanation of the circumstances surrounding the arrest and/or conviction, including any mitigating factors.
- Submit a copy of the citation/charging documents, sentencing document, and documents showing that the sentence was satisfied. Documentation is not required for a misdemeanor conviction older than seven (7) years.

Attestation of Reporter

By signing below, I attest under penalty of perjury that the information I provided in this form is true and correct. I further attest that the information I provided is complete, and that I have not withheld, misrepresented, or falsely stated any information regarding the criminal action.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with the criminal history reported above. I understand that any information submitted, including this form, may be considered a public record unless otherwise deemed confidential by law.

Signature of Applicant

12/04/2025

Date

Dannielle Christensen

Print Name



Nevada Funeral & Cemetery Services Board

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535

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

Criminal History Reporting Form

Instructions

Complete and submit this form to report criminal action. Complete a separate form for each crime charged.

All criminal history must be reported, regardless of how much time has passed since the date of the event. Failure to report a criminal action or conviction may result in denial of an application for licensure. You are not required to report minor traffic violations. Note that a DUI or DWI must be reported.

Name of Person Reporting

Full Legal Name (First, Middle, Last): Dannielle Lynn Christensen

Details of Charge/Arrest

Date of Arrest/Citation: <u>08/15/2018</u>	Arrest/Citation/Indictment Charge: <u>Burglary (1st), Forgery, theft < \$650</u>
Location of Arrest/Citation (City/County/State): <u>Las Vegas, Clark, NV</u>	Court and Case Number: <u>LV Justice 18F13422X</u>

Information Regarding Conviction

Disposition Date (mm/dd/yyyy): <u>01/29/2019</u>	<input checked="" type="checkbox"/> Convicted/Guilty	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Diversion
Category:	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	
Crime Convicted Of: <u>Theft < \$650</u>			
Sentence/Fine/Penalty Imposed: <u>stay out of trouble, restitution \$274.22</u>			

Required Documents

- Attach a detailed explanation of the circumstances surrounding the arrest and/or conviction, including any mitigating factors.
- Submit a copy of the citation/charging documents, sentencing document, and documents showing that the sentence was satisfied. Documentation is not required for a misdemeanor conviction older than seven (7) years.

Attestation of Reporter

By signing below, I attest under penalty of perjury that the information I provided in this form is true and correct. I further attest that the information I provided is complete, and that I have not withheld, misrepresented, or falsely stated any information regarding the criminal action.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with the criminal history reported above. I understand that any information submitted, including this form, may be considered a public record unless otherwise deemed confidential by law.

Signature of Applicant

12/04/2025

Date

Dannielle Christensen

Print Name



Nevada Funeral & Cemetery Services Board

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535

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

Criminal History Reporting Form

Instructions

Complete and submit this form to report criminal action. Complete a separate form for each crime charged.

All criminal history must be reported, regardless of how much time has passed since the date of the event. Failure to report a criminal action or conviction may result in denial of an application for licensure. You are not required to report minor traffic violations. Note that a DUI or DWI must be reported.

Name of Person Reporting

Full Legal Name (First, Middle, Last): Dannielle Lynn Christensen

Details of Charge/Arrest

Date of Arrest/Citation: 08/09/2018	Arrest/Citation/Indictment Charge: Burglary (1st)
Location of Arrest/Citation (City/County/State): Las Vegas, Clark, NV	Court and Case Number: LV District Court C-19-341210-1

Information Regarding Conviction

Disposition Date (mm/dd/yyyy): 09/13/2019	<input checked="" type="checkbox"/> Convicted/Guilty	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Diversion
Category: Gross Misdemeanor	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	
Crime Convicted Of: Attempt theft	Sentence/Fine/Penalty Imposed: Restitution \$118 to Super Pawn		

Required Documents

- Attach a detailed explanation of the circumstances surrounding the arrest and/or conviction, including any mitigating factors.
- Submit a copy of the citation/charging documents, sentencing document, and documents showing that the sentence was satisfied. Documentation is not required for a misdemeanor conviction older than seven (7) years.

Attestation of Reporter

By signing below, I attest under penalty of perjury that the information I provided in this form is true and correct. I further attest that the information I provided is complete, and that I have not withheld, misrepresented, or falsely stated any information regarding the criminal action.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with the criminal history reported above. I understand that any information submitted, including this form, may be considered a public record unless otherwise deemed confidential by law.

Dannielle Christensen

Signature of Applicant

12/04/2025

Date

Dannielle Christensen

Print Name

ORIGINAL

1 GPA
2 STEVEN B. WOLFSON
3 Clark County District Attorney
4 Nevada Bar #001565
5 JACOB VILLANI
6 Chief Deputy District Attorney
7 Nevada Bar #011732
8 200 Lewis Avenue
9 Las Vegas, NV 89155-2212
10 (702) 671-2500
11 Attorney for Plaintiff

FILED IN OPEN COURT
STEVEN D. GRIERSON
CLERK OF THE COURT

JUL 09 2019

BY Kristen Brown
KRISTEN BROWN, DEPUTY

DISTRICT COURT
CLARK COUNTY, NEVADA

C-19-341210-1
GPA
Guilty Plea Agreement
4847967



9 THE STATE OF NEVADA,
10 Plaintiff,
11 -vs-
12 DANIELLE CHRISTENSEN, aka
13 Danielle Lynn Christensen,
14 #7053864
Defendant.

CASE NO: C-19-341210-1

DEPT NO: XXIX

GUILTY PLEA AGREEMENT

I hereby agree to plead guilty to: **ATTEMPT THEFT (Category D Felony/Gross Misdemeanor - NRS 205.0832, 205.0835.3, 193.330 - NOC 55993/55994)**, as more fully alleged in the charging document attached hereto as Exhibit "1".

My decision to plead guilty is based upon the plea agreement in this case which is as follows:

The State has no opposition to gross misdemeanor treatment. If Defendant pays \$118.00 in restitution to SUPER PAWN in lower level, the State will recommend credit for time served and the case can be closed.

I agree to the forfeiture of any and all weapons or any interest in any weapons seized and/or impounded in connection with the instant case and/or any other case negotiated in whole or in part in conjunction with this plea agreement.

I understand and agree that, if I fail to interview with the Department of Parole and Probation, fail to appear at any subsequent hearings in this case, or an independent magistrate,

1 by affidavit review, confirms probable cause against me for new criminal charges including
2 reckless driving or DUI, but excluding minor traffic violations, the State will have the
3 unqualified right to argue for any legal sentence and term of confinement allowable for the
4 crime(s) to which I am pleading guilty, including the use of any prior convictions I may have
5 to increase my sentence as an habitual criminal to five (5) to twenty (20) years, life without
6 the possibility of parole, life with the possibility of parole after ten (10) years, or a definite
7 twenty-five (25) year term with the possibility of parole after ten (10) years.

8 Otherwise I am entitled to receive the benefits of these negotiations as stated in this
9 plea agreement.

10 CONSEQUENCES OF THE PLEA

11 I understand that by pleading guilty I admit the facts which support all the elements of
12 the offense(s) to which I now plead as set forth in Exhibit "1".

13 I understand that as a consequence of my plea of guilty I may be imprisoned in the
14 Clark County Detention Center for a period of not more than three hundred sixty-four (364)
15 days and that I may be fined up to \$2,000.00. I understand that the law requires me to pay an
16 Administrative Assessment Fee.

17 I understand that, if appropriate, I will be ordered to make restitution to the victim of
18 the offense(s) to which I am pleading guilty and to the victim of any related offense which is
19 being dismissed or not prosecuted pursuant to this agreement. I will also be ordered to
20 reimburse the State of Nevada for any expenses related to my extradition, if any.

21 If the Court elects to treat this offense as a felony or as a gross misdemeanor, I
22 understand that I am eligible for probation for the offense(s) to which I am pleading guilty. I
23 understand that, except as otherwise provided by statute, the question of whether I receive
24 probation is in the discretion of the sentencing judge.

25 I understand that I must submit to blood and/or saliva tests under the Direction of the
26 Division of Parole and Probation to determine genetic markers and/or secretor status.

27 I understand that if I am pleading guilty to charges of Burglary, Invasion of the Home,
28 Possession of a Controlled Substance with Intent to Sell, Sale of a Controlled Substance, or

1 Gaming Crimes, for which I have prior felony conviction(s), I will not be eligible for probation
2 and may receive a higher sentencing range.

3 I understand that if more than one sentence of imprisonment is imposed and I am
4 eligible to serve the sentences concurrently, the sentencing judge has the discretion to order
5 the sentences served concurrently or consecutively.

6 I understand that information regarding charges not filed, dismissed charges, or charges
7 to be dismissed pursuant to this agreement may be considered by the judge at sentencing.

8 I have not been promised or guaranteed any particular sentence by anyone. I know that
9 my sentence is to be determined by the Court within the limits prescribed by statute.

10 I understand that if my attorney or the State of Nevada or both recommend any specific
11 punishment to the Court, the Court is not obligated to accept the recommendation.

12 I understand that if the offense(s) to which I am pleading guilty was committed while I
13 was incarcerated on another charge or while I was on probation or parole that I am not eligible
14 for credit for time served toward the instant offense(s).

15 I understand that if I am not a United States citizen, any criminal conviction will likely
16 result in serious negative immigration consequences including but not limited to:

- 17 1. The removal from the United States through deportation;
- 18 2. An inability to reenter the United States;
- 19 3. The inability to gain United States citizenship or legal residency;
- 20 4. An inability to renew and/or retain any legal residency status; and/or
- 21 5. An indeterminate term of confinement, with the United States Federal
22 Government based on my conviction and immigration status.

23 Regardless of what I have been told by any attorney, no one can promise me that this
24 conviction will not result in negative immigration consequences and/or impact my ability to
25 become a United States citizen and/or a legal resident.

26 I understand that the Division of Parole and Probation will prepare a report for the
27 sentencing judge prior to sentencing. This report will include matters relevant to the issue of
28 sentencing, including my criminal history. This report may contain hearsay information

1 regarding my background and criminal history. My attorney and I will each have the
2 opportunity to comment on the information contained in the report at the time of sentencing.
3 Unless the District Attorney has specifically agreed otherwise, the District Attorney may also
4 comment on this report.

5 WAIVER OF RIGHTS

6 By entering my plea of guilty, I understand that I am waiving and forever giving up the
7 following rights and privileges:

- 8 1. The constitutional privilege against self-incrimination, including the right
9 to refuse to testify at trial, in which event the prosecution would not be
10 allowed to comment to the jury about my refusal to testify.
- 11 2. The constitutional right to a speedy and public trial by an impartial jury,
12 free of excessive pretrial publicity prejudicial to the defense, at which
13 trial I would be entitled to the assistance of an attorney, either appointed
14 or retained. At trial the State would bear the burden of proving beyond
15 a reasonable doubt each element of the offense(s) charged.
- 16 3. The constitutional right to confront and cross-examine any witnesses who
17 would testify against me.
- 18 4. The constitutional right to subpoena witnesses to testify on my behalf.
- 19 5. The constitutional right to testify in my own defense.
- 20 6. The right to appeal the conviction with the assistance of an attorney,
21 either appointed or retained, unless specifically reserved in writing and
22 agreed upon as provided in NRS 174.035(3). I understand this means I
23 am unconditionally waiving my right to a direct appeal of this conviction,
24 including any challenge based upon reasonable constitutional,
25 jurisdictional or other grounds that challenge the legality of the
26 proceedings as stated in NRS 177.015(4). However, I remain free to
27 challenge my conviction through other post-conviction remedies
28 including a habeas corpus petition pursuant to NRS Chapter 34.

22 VOLUNTARINESS OF PLEA

23 I have discussed the elements of all of the original charge(s) against me with my
24 attorney and I understand the nature of the charge(s) against me.

25 I understand that the State would have to prove each element of the charge(s) against
26 me at trial.

27 I have discussed with my attorney any possible defenses, defense strategies and
28 circumstances which might be in my favor.

1 All of the foregoing elements, consequences, rights, and waiver of rights have been
2 thoroughly explained to me by my attorney.

3 I believe that pleading guilty and accepting this plea bargain is in my best interest, and
4 that a trial would be contrary to my best interest.

5 I am signing this agreement voluntarily, after consultation with my attorney, and I am
6 not acting under duress or coercion or by virtue of any promises of leniency, except for those
7 set forth in this agreement.

8 I am not now under the influence of any intoxicating liquor, a controlled substance or
9 other drug which would in any manner impair my ability to comprehend or understand this
10 agreement or the proceedings surrounding my entry of this plea.

11 My attorney has answered all my questions regarding this guilty plea agreement and its
12 consequences to my satisfaction and I am satisfied with the services provided by my attorney.

13 DATED this 9 day of ~~June~~ 2019.

July



DANIELLE CHRISTENSEN, aka
Danielle Lynn Christensen
Defendant

17 AGREED TO BY:



JACOB VILLANI
Chief Deputy District Attorney
Nevada Bar #011732

28

1 CERTIFICATE OF COUNSEL:

2 I, the undersigned, as the attorney for the Defendant named herein and as an officer of the court
3 hereby certify that:

- 4 1. I have fully explained to the Defendant the allegations contained in the
5 charge(s) to which guilty pleas are being entered.
- 6 2. I have advised the Defendant of the penalties for each charge and the restitution
7 that the Defendant may be ordered to pay.
- 8 3. I have inquired of Defendant facts concerning Defendant's immigration status
9 and explained to Defendant that if Defendant is not a United States citizen any
10 criminal conviction will most likely result in serious negative immigration
11 consequences including but not limited to:
- 12 a. The removal from the United States through deportation;
 - 13 b. An inability to reenter the United States;
 - 14 c. The inability to gain United States citizenship or legal residency;
 - 15 d. An inability to renew and/or retain any legal residency status; and/or
 - 16 e. An indeterminate term of confinement, by with United States Federal
17 Government based on the conviction and immigration status.

18 Moreover, I have explained that regardless of what Defendant may have been
19 told by any attorney, no one can promise Defendant that this conviction will not
20 result in negative immigration consequences and/or impact Defendant's ability
21 to become a United States citizen and/or legal resident.

- 22 4. All pleas of guilty offered by the Defendant pursuant to this agreement are
23 consistent with the facts known to me and are made with my advice to the
24 Defendant.
- 25 5. To the best of my knowledge and belief, the Defendant:
- 26 a. Is competent and understands the charges and the consequences of
27 pleading guilty as provided in this agreement,
 - 28 b. Executed this agreement and will enter all guilty pleas pursuant hereto
voluntarily, and
 - c. Was not under the influence of intoxicating liquor, a controlled
substance or other drug at the time I consulted with the Defendant as
certified in paragraphs 1 and 2 above.

Dated: This 9 day of June, 2019.

July


DEFENSE ATTY. NAME

cg/L2

1 INFM
2 STEVEN B. WOLFSON
3 Clark County District Attorney
4 Nevada Bar #001565
5 JACOB VILLANI
6 Chief Deputy District Attorney
7 Nevada Bar #011732
8 200 Lewis Avenue
9 Las Vegas, Nevada 89155-2212
10 (702) 671-2500
11 Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

7 I.A. 06/24/19
8 10:00 AM
9 AISEN, ESQ.

9 THE STATE OF NEVADA,
10 Plaintiff,

CASE NO: C-19-341210-1

11 -vs-

DEPT NO: XXIX

12 DANIELLE CHRISTENSEN, aka
13 Danielle Lynn Christensen,
14 #7053864

INFORMATION

14 Defendant.

15 STATE OF NEVADA }
16 COUNTY OF CLARK } ss.

17 STEVEN B. WOLFSON, District Attorney within and for the County of Clark, State
18 of Nevada, in the name and by the authority of the State of Nevada, informs the Court:

19 That DANIELLE CHRISTENSEN, aka Danielle Lynn Christensen, the Defendant(s)
20 above named, having committed the crime of **ATTEMPT THEFT (Category D**
21 **Felony/Gross Misdemeanor - NRS 205.0832, 205.0835.3, 193.330 - NOC 55993/55994)**, on
22 or between August 9, 2018 and September 11, 2018, within the County of Clark, State of
23 Nevada, contrary to the form, force and effect of statutes in such cases made and provided,
24 and against the peace and dignity of the State of Nevada, did willfully, knowingly,
25 feloniously, and without lawful authority, attempt to obtain personal property, having a value

26 ///

27 ///

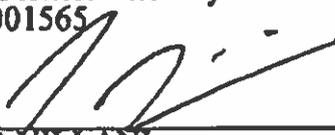
28 ///

EXHIBIT "1"

1 of \$650.00 or more, belonging to SUPER PAWN, by a material misrepresentation with intent
2 to deprive that person of the property, in the following manner, to wit: by attempting to obtain
3 money or property.

4 STEVEN B. WOLFSON
5 Clark County District Attorney
6 Nevada Bar #001565

7 BY


8 JACOB VILLANI
9 Chief Deputy District Attorney
10 Nevada Bar #011732

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27 18F18735X/cg/L2
28 LVMPD EV#180914001632
(TK10)

JUSTICE COURT LAS VEGAS TOWNSHIP
CLARK COUNTY NEVADA

2018 OCT 22 A 11: 50

THE STATE OF NEVADA,

Plaintiff,

-vs-

DANIELLE CHRISTENSEN, aka,
Danielle Lynn Christensen #7053864,

Defendant.

JUSTICE COURT
LAS VEGAS NEVADA
BY DEPUTY

CASE NO: 18F18735X

DEPT NO: 10

CRIMINAL COMPLAINT

The Defendant above named having committed the crimes of BURGLARY (Category B Felony - NRS 205.060 - NOC 50424), in the manner following, to wit: That the said Defendant, on or between August 9, 2018 and September 11, 2018, at and within the County of Clark, State of Nevada,

COUNT 1

did on or about August 9, 2018, willfully, unlawfully, and feloniously enter a building owned or occupied by SUPER PAWN, located at 2646 West Horizon Ridge Parkway, Henderson, Clark County, Nevada, with intent to obtain money or property by false pretenses.

COUNT 2

did on or about September 11, 2018, willfully, unlawfully, and feloniously enter a building owned or occupied by SUPER PAWN, located at 3252 Las Vegas Boulevard, North Las Vegas, Clark County, Nevada, with intent to obtain money or property by false pretenses.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.



10/17/18

18F18735X/ew
LVMPD EV# 180914001632
(TK10)

18F18735X
CRM
Criminal Complaint
10090716



FILED
JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

18F13422X
CRIM
Criminal Complaint
9813720



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3 THE STATE OF NEVADA, 18 AUG 15 A 10: 59

4 Plaintiff, JUSTICE COURT
LAS VEGAS, NEVADA

CASE NO: 18F13422X

5 -vs-

DEPT NO: 2

6 DANNIELLE CHRISTENSEN, aka,
7 Dannielle Lynn Christensen #7053864,

8 Defendant.

CRIMINAL COMPLAINT

9 The Defendant above named having committed the crimes of BURGLARY (Category
10 B Felony - NRS 205.060 - NOC 50424); FORGERY (Category D Felony - NRS 205.090 -
11 NOC 50461) and THEFT (Misdemeanor - NRS 205.0832, 205.0835 - NOC 55987), in the
12 manner following, to wit: That the said Defendant, on or about the 26th day of September,
13 2017, at and within the County of Clark, State of Nevada,

14 COUNT 1 - BURGLARY

15 did willfully, unlawfully, and feloniously enter a building, owned or occupied by
16 VEGAS MARKET, located at 861 North Nellis Boulevard, Las Vegas, Clark County, Nevada,
17 with intent to obtain money or property by false pretenses and/or commit a felony, to wit:
18 forgery.

19 COUNT 2 - FORGERY

20 did willfully, unlawfully, and feloniously, utter, pass, or attempt to pass, as true and
21 genuine, any false, altered, forged or counterfeited matter, as named and specified and
22 described in NRS 205.090, to wit: check number 2532, dated September 12, 2017, in the sum
23 of \$374.22, payable to Defendant, written on the account of FIRST ORIENTAL, INC, with
24 the intent to prejudice, damage or defraud any person or corporation.

25 COUNT 3 - THEFT

26 did knowingly and without lawful authority, commit theft by obtaining personal
27 property in the amount of less than \$650.00 lawful money of the United States of VEGAS
28 MARKET, located at 861 North Nellis Boulevard, Las Vegas, Clark County, Nevada, in the

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JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

DANNIELLE LYNN CHRISTENSEN
#7053864,

Defendant.

2018 JAN 11

A 10:02

CASE NO: 18F00515X

DEPT NO: 12

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of BURGLARY (Category B Felony - NRS 205.060 - NOC 50424), in the manner following, to-wit: That the said Defendant, on or about the 12th day of November, 2017, at and within the County of Clark, State of Nevada, did willfully, unlawfully, and feloniously enter, with intent to obtain money under false pretenses, that certain building occupied by EZ PAWN, located at 212 South Las Vegas Boulevard, Las Vegas, Clark County, Nevada.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.

Brian J. Kovel
01/10/18

18F00515X/mb
LVMPD EV# 1711120611
(TK12)



FILED LAS VEGAS METROPOLITAN POLICE DEPARTMENT
DECLARATION OF WARRANT/SUMMONS

(N.R.S. 171.106)
(N.R.S. 53 amended 7/13/1993)

2018 OCT 22 A 11:50

JUSTICE COURT
LAS VEGAS, NEVADA

Event Number: 180914-1632

BY: PPF/IV
STATE OF NEVADA) DANIELLE CHRISTENSEN
) ss: ID#: 7053864
COUNTY OF CLARK) DOB: 11/03/1994 SS#: 600-47-3226

18F19736X
DW/S
Declaration of Warrant/Summons (Affidavit)
10090718



C. EMBRY P#6223, being first duly sworn, deposes and says:

That he is a detective with the Las Vegas Metropolitan Police Department, being so employed for a period of 18 years, assigned to investigate the crime(s) of BURGLARY (2X) and PETIT LARCENY (2X) committed on or about 08/09/2018-09/11/2018, which investigation has developed DANIELLE CHRISTENSEN as the perpetrator thereof.

THAT DECLARANT DEVELOPED THE FOLLOWING FACTS IN THE COURSE OF THE INVESTIGATION OF SAID CRIME, TO WIT:

DETAILS:

On 9/14/18 at 1030 hours, John Natividad and Nicholas Bostwick came into NEAC to report the following:

Natividad stated the last time he saw his Bose Headphones was on 9/11/18 in his bedroom. When he could not locate his headphones, he asked his roommate Nicholas Bostwick if he had seen them. Bostwick told him that he had borrowed them and left them Danielle Christensen's vehicle who is his ex-girlfriend. Bostwick asked Danielle Christensen about the headphones and she told him that she had the headphones at her home. On 9/13/18 at approximately 1400 hours during her visit, Bostwick found pawn slips inside of Christensen's vehicle listing Natividad's headphones and Bostwick's Go Pro and Bluetooth Speaker which he had not seen in a while. Bostwick believes she kept his items during the time when he moved out and moved in with Natividad.

FOLLOW-UP INVESTIGATION:

Detective C. Embry P#6223 of the NEAC was assigned this incident documented under LVMPD event number 180914-1632 taken as a Petit Larceny. Detective Embry conducted a records check and located the stolen items which were pawned at two different Super Pawn locations. The stolen GoPro camera was pawned on 08/09/2018 at the Super Pawn located at 2646 Horizon Ridge Parkway Henderson, NV 89052. The Bose headphones were pawned on 09/11/2018 at the Super Pawn located at 3152 N. Las Vegas Blvd. Las Vegas, NV 89115. A hold was placed on the property. Per the pawn tickets, the items were pawned by a Danielle Christensen. The items were recovered and returned to the victims. Also, video of both transactions was recovered and impounded. The video showed a young white female with long dark hair and glasses which appears to match the description of Danielle Christensen.

To whom it may concern.

I am offering my recommendation for Dannielle Christensen to the Funeral Services Program. Dannielle has been with Palm Mortuary since April 2025 til December 2025.

I know that it is just a few months but during that short time she has stood out in all aspects of the funeral services she has to offer.

I was the individual who brought her on board the Funeral Services Team here at Palm Mortuary. The interview led me to believe that her personality was going to be a perfect fit.

Not only did Dannielle have lots of questions about the industry but I found her to have the compassion and empathy for the families she would be dealing with while working here at Palm Mortuary on the Funeral Service Team.

I have had lots of compliments from her fellow team partners, but she has also received compliments from the families she has served. Which is what our specialized industry is always looking for.

Dannielle has also expanded her knowledge about our industry by spending time in our Care Center. She has been on removals as well as working with the team getting those who we are in care of for their services.

Dannielle has of course done all things, during and after the funeral services she has been assigned. She talks over things with whom she is working with to make sure they are on the same page as the Arrangement Director and cemetery crew. Checking things over so the family is taken care of in the best way possible.

I know she has taken the Arrangement Director's Exam and of course passed that as well.

I highly recommend that you would consider Dannielle Christensen to the program. She is the future of our industry. She is an exceptional young lady.

If you have any questions, please give me a call.

Thank you,

Larry Neubauer



Funeral Services Manager Palm Mortuary

From: [Dannielle Christensen](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Letter of Recommendation from Larry Neubauer
Date: Thursday, January 15, 2026 8:54:51 AM
Attachments: [Letter of Recommendation.pdf](#)

Hello,

I have attached a letter of recommendation that Larry Neubauer wrote on my behalf. He said if you have any questions feel free to contact him.

Thank you for your time,
Dannielle Christensen



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201 Reno, NV 89509
Phone (775) 825-5535 * Email: nvfuneralboard@fb.nv.gov

Agenda Item 8: Performance Statistics

Licensees:

The numbers of licensees for each of the previous four quarters are as follows:

Individuals

<u>License Type</u>	<u>March 31, 2025</u>	<u>June 30, 2025</u>	<u>Sept. 30, 2025</u>	<u>Dec. 31, 2025</u>
Funeral Arrangers	181	193	197	204
Funeral Directors	183	185	186	187
Embalmers	91 (42 Reciprocal)	91 (42 Reciprocal)	92 (43 Reciprocal)	92 (42 Reciprocal)
Apprentice Embalmers	4	3	7	7
Total	459	472	482	490

Facilities

<u>License Type</u>	<u>March 31, 2025</u>	<u>June 30, 2025</u>	<u>Sept. 30, 2025</u>	<u>Dec. 31, 2025</u>
Funeral Establishments	67	67	65	67
Direct Cremation Facilities	19	19	18	18
Crematories	27	27	26	26
Cemeteries	18	18	18	18
Total	131	131	127	129

Applications:

Since the November meeting, the office has received the following applications and requests:

<u>License Type</u>	<u># Received</u>
Embalmer	0
Apprentice Embalmer	1
Funeral Director	9
Funeral Arranger	15
Funeral Establishment	2
Direct Cremation Facility	1
Crematory	1
Cemetery	0
Managing Funeral Director	14
TOTAL	43

FY26: Days from Complete Application to Licensure

<u>License Type</u>	<u>Average # of Days</u>
Embalmer	6
Apprentice Embalmer	8
Funeral Director	4
Funeral Arranger	2
Funeral Establishment	12
Direct Cremation Facility	21
Crematory	NA
Cemetery	NA
Managing Funeral Director	2

Renewals:

Renewals for all license types were due January 1, 2026. A late fee of \$75 is added to the renewal fee for any license not renewed by February 1. On March 1, 2026, renewals close and licenses will expire effective December 31, 2025. Individual renewal notices were provided for 479 individual licenses. As of February 6, 2026, renewal numbers are as follows:

<u>License Type</u>	<u>Renewed</u>	<u>No Renewal Submitted</u>
Embalmer	75	16
Funeral Director	159	25
Funeral Arranger	144	55
Funeral Establishment	66	0
Direct Cremation Facility	17	0
Crematory	25	1
Cemetery	17	1

Complaints and Inquiries

The following reflects complaint activity for each of the following timeframes:

<u>Complaints</u>	<u>June 30, 2025</u>	<u>Sep. 30, 2025</u>	<u>Dec 31, 2025</u>
Opened	6	4	9
Closed	8	8	15

Complaints by Fiscal Year

<u>Fiscal Year</u>	<u>Opened</u>	<u>Pending as of 1/31/2026</u>	<u>Administrative Action Taken</u>	<u>Dismissed</u>	<u>Withdrawn</u>
FY23	16	0	1	14	1
FY24	27	1 (lawsuit)	13	9	4
FY25	19	1 (lawsuit)	1	17	1
FY26 (YTD)	15	9	0	6	0

As of February 6, 2026, the open complaints are in the following status types:

<u>Status Type</u>	<u>Number</u>
Pending Board Action	0
Pending DAG Rec./Formal Complaint	1
Pending 233B Notice	2
Pending Response to 233B	0

Pending Lawsuit	2
Pending Investigation	6
Total	11

Closed Complaints		
<u>Fiscal Year</u>	<u>Closed</u>	<u>Average Days</u> <u>Receipt to Close</u>
FY23	21	253
FY24	10	238
FY25	24	361
FY26 (YTD)	24	314

In addition to formal complaints, the office receives and resolves inquiries from consumers. For FY26 through February 6, 2026, the office logged 381 phone calls and 72 email conversations regarding consumer-related inquiries.

Inspections:

The following number of inspections have been conducted:

Fiscal Year	Inspections Completed	Number with Noncompliance	Percentage Inspected
FY24	56	24	49%
FY25	68	27	60%
FY26 YTD	48	22	42%

Noncompliance Trends

The most common findings are related to disclosures required pursuant to the Federal Trade Commission's Funeral Rule and pursuant to NRS 642.019. These disclosures must be identical to the language set forth in Part 453 of Title 16 of the Code of Federal Regulations.



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Executive Director Report – February 2026

Executive Summary

Renewals are nearly complete for this biennium. Inspections are moving forward, and we are on track to inspect every facility by the end of the fiscal year (June 30, 2026). The Department of Business & Industry is moving forward with regulations regarding board operations and reporting requirements. Day-to-day operations are moving smoothly.

Inspector Position

At this point, I intend to keep this position open through the end of the fiscal year, at which point, I will have a better feel for the staffing needs for the office. This will provide an opportunity for me to review the process and develop procedures, as well as personally inspecting each facility. At that time, I will make a recommendation to the Board.

Regulations Proposed by the Office of Nevada Boards, Commissions, and Council Standards

The regulations proposed by the Department of Business and Industry's Office of Nevada Boards, Commissions, and Councils Standards are progressing. I received the latest draft on February 3, 2026. The Office communicated that it intends to hold a second workshop on the proposed regulations

Required Reports

The Quarterly Report of Occupational Licensing Boards was uploaded to the Legislative Counsel Bureau on February 2, 2026. Pursuant to NRS 622.100, this Board is required to report licensing totals, disciplinary actions, and license denials. The report is available at: [Nevada Legislative Counsel Bureau Reports of Occupational Licensing Boards \(state.nv.us\)](https://legis.nv.gov/legislation/legislation.nv.us).

The State Professional and Occupational Licensee Report was submitted to the State Controller's Office on January 28, 2026. This report is required pursuant to NRS 353C.1965

Public Record Requests/Media Contacts

The office received two media requests regarding the cremated remains discovered in Searchlight. The office received five public records requests since the last meeting.

Board Records

Jill and I are continuing to convert historical paper records to electronic files.

Gratitude

In the past six months, there have been hearings, renewals, facilities opening and others closing. Needless to say, this has been a busy time. I appreciate knowing that you are dedicated to regulating the funeral industry in a thoughtful and fair manner. Thank you, so much, for the time you dedicate to serving the Board.