

I.D. Verified by: Signature:

COUNTY OF SACRAMENTO CORONER'S OFFICE

4800 Broadway, Suite 100 Sacramento, California 95820-1530

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Gregory P. Wyatt Coroner

Edward E. Smith Assistant Coroner

Kim L. Burson Assistant Coroner

Mark Super Chief Forensic Pathologist

Daniel Baker Administrative Services Officer

County of Sacramento Coroner's Office RELEASE OF CUSTODY CERTIFICATE

| In t | he m | atter of | | , deceased. | | | |
|-------------|---|---|---|--|---|--|--|
| | | HEALTH AND SAFETY CODI | E "CHAPTER 3" CUSTOD | Y AND DUTY OF IN | TERMENT | | |
| 710 Liat | 0 Righ | nt to control the disposition of the remains and to arranger costs; Liability of funeral director or cemetery author | ge funeral; Relinquishment of right brity | by person charged with mure | der or manslaughter of decedent; | | |
| (a) | (a) The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral to be provided, unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the reasonable cost of disposition of the remains devolves upon, the following in the order named: | | | | | | |
| | (1) | An agent under a power of attorney for health care go | verned by Division 4.7 (commencing | g with Section 4600) of the | Probate Code. | | |
| | (2) | The competent surviving spouse or (registered domes | tic partner). | | | | |
| | (3) | The sole surviving competent adult child of the decede competent adult children | ent, or if there is more than one com | petent adult child of the dec | cedent, the majority of the surviving | | |
| | (4) | The surviving competent parent or parents of the decoverted with the rights and duties of this section after the | redent. If one of the surviving competent parents is absent, the remaining competent parent shall be reasonable efforts have been unsuccessful in locating the absent surviving competent parent. | | | | |
| | (5) | The surviving competent adult person or persons resp the same degree of kindred, the majority of those pers | ectively in the next degrees of kindre | ed. If there is more than one | e surviving competent adult person of | | |
| | (6) | The Public Administrator when the deceased has suff | icient assets. | | | | |
| pers | on wh | y person signing any authorization for the interment of lose remains are sought to be interred, and his authority anty." | any remains warrants the truthfulnes to order interment. He is personally | ss of any fact set forth in the y liable for all damages occa | e authorization, the identity of the asioned by or resulting from breach of | | |
| | | WARNING: The person sighting this Order for Relea (Health and Safety Code Section 7110) (Penal Code Section 115 and 470). | ase is liable for all damages caused b It is a criminal offense to knowingl | y any untruthful statements y file a false statement with | contained in this document a government agency | | |
| | | gan/Body Fluid Retention Notification | | | | | |
| (| pursua Califor | determined that an autopsy, external examination or to ant to California Government Code Secion 27491, tissu nia Government Code Section 27491.4. Tissues/organ ed of pursuant to California Health and Safety Code Se | e(s)/organ(s)/body fluid(s) may be re is/body fluids retained at autopsy or a | etained for analysis and/or e | evidentiary purposes pursuant to | | |
| I/W | ED | ECLARE, UNDER PENALTY OF PERJUF | RY, that I/we have the right to | control the disposition | n of the remains of | | |
| | | , SS# | in ac | ccordance with Health | and Safety Code Section 7100: | | |
| Nai | ne: | (Please Print) | Relationship: | | | | |
| | | | | | | | |
| | | : | | | | | |
| Sig | natur | e: | Date: | Tel: | Zip: | | |
| | P | lease check if additional signatures are attac | hed. | | | | |

(DEPARTMENT USE ONLY)

Name of Mortuary: CHAPEL OF THE VALLEY:

ROSEVILLE, CALIFORNIA

The requirements of the State of California Health and Safety Code Sections 7100, 7102, and 7110 have been met. The remains may be released upon receipt of this certificate.

| | | Case Number: | |
|----------------|-------|---------------------|--|
| Authorized By: | Date: | Certificate Number: | |