



## *La Paz County Public Fiduciary*

1105 14th Street  
Parker, Arizona 85344  
(928) 669-6163 Fax (928) 669-8713

VIVIAN HARTLESS  
*Fiduciary*  
MARION SHONTZ  
*Deputy*  
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*Case Manager*

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### INDIGENT DECEDENT SERVICES PROGRAM

The La Paz County Public Fiduciary is the government entity that has been authorized by the La Paz County Board of Supervisors to administer the Indigent Decedent's Service Program and Application process. This program provides for burial when there is no person financially able, or when no estate exists to defray cost of burial. Pursuant to A.R.S. § 36-831(A) Spouse; Parent of a Minor Child; or an Adult Child, if financially capable, has a legal responsibility to provide for burial. If a person, with legal responsibility fails to bury the decedent in a reasonable time he or she is liable for damages.

In order to participate in the Indigent Burial Program, an application must be filed with the La Paz County Public Fiduciary. The La Paz County Public Fiduciary is the county agent who investigates the availability of resources to defray the cost of burial and determines the eligibility status and financial responsibility of the applicant applying for burial assistance. The decedent's assets if any will be sold to recover costs to the county.

The investigation involves but is not limited to: verifying bank accounts, insurance claims, veteran's eligibility, vehicle ownership, real property ownership, personal property ownership, and property secured by medical facilities, employer's benefits, social security benefits, income and resources.

This investigation will determine if an action under A.R.S. § 36-831(B), "County Burial Responsibility" is appropriate. This office can provide you with a copy of this statute for review.

Upon receipt of the application, the office of the Public Fiduciary will investigate the eligibility of the application.

Upon completion of the investigation a determination will be made. Completed applications may be delivered, mailed or faxed to:

La Paz County Public Fiduciary  
1105 14<sup>th</sup> Street  
Parker, Arizona 85344  
Ph: 928-669-6163 – Fax: 928-669-8713

The Public Fiduciary Office will notify the funeral home and cemetery of the approval or denial of full or partial county assistance and the amount of financial assistance available.

**FUNERAL HOME SERVICES:** The services provided are set forth between La Paz County and the provider.

**INDIGENT BURIAL SERVICES:** Graveside cemetery ceremonies are not feasible for decedents approved for indigent burial in the Parker Cemetery in Arizona. Veterans will be buried in the Veteran's designated area based upon the DD214 (Military Discharge Certificate) being provided and verified. Indigent burials will not receive embalming services or a vault, non veteran indigent burials will be placed in the "potters" field. They will receive a headstone.

**DEATH CERTIFICATES:** Death certificates must be applied for through the La Paz County Health Department 1112 Joshua, Suite 206, Parker, AZ 85344 (928) 669-1100 Death Certificates cannot be requested until the Deceased has been buried and/or cremated.

**PAYMENT:** The costs to the county are based on current contracts with the independent contractors.

The option of donating a loved ones body for organ donation and/or research is available to all families of deceased persons and can be researched online at: [www.sciencecare.com](http://www.sciencecare.com) or contact your local funeral home. Most companies that receive a donor will cremate the remains and return them to the families. Please check with each donor organization.

La Paz County Public Fiduciary is located at 1105 14<sup>th</sup> Street, Parker, Arizona 85344; phone (928) 669-6163, Appointments are encouraged and are available from Monday-Thursday, 7:00 A.M. – 5:00 P.M. Our Office is closed on Fridays.

**APPLICATION TO LA PAZ COUNTY BOARD OF SUPERVISORS FOR INDIGENT SERVICES**

**DECEDENT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Last known Address: \_\_\_\_\_  
Street Address Apt/Unit #  
\_\_\_\_\_  
City State Zip Code

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Place of Death \_\_\_\_\_

Was Decedent in receipt of Social Security? Yes  No  Direct Deposit Yes  No

Was Decedent in Receipt of any pensions? Yes  No

Which Financial Institution did decedent bank at?

\_\_\_\_\_  
(A copy of the last bank statement is required)

Does the decedent own any real property if so please list:

\_\_\_\_\_  
\_\_\_\_\_

Does the decedent own any vehicles, boats etc, if so list:

\_\_\_\_\_

Does the decedent own any personal property: (jewelry, household items etc) that can be sold in order to defer the burial costs:

\_\_\_\_\_

Can the decedent or next of kin assist in paying for some of the burial costs? If so how much

\_\_\_\_\_



## NEXT OF KIN

Please list spouse, parents and children.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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### IF DECEASED IS A VETERAN (INFORMATION) PLEASE ATTACH A COPY OF DD214 FORM (HONORABLE DISCHARGE PAPERS)

Veteran Yes  No  If yes, please refer to the Veterans Section of the packet to fill out additional information

Veteran's File Number: _____	Branch: _____				
Discharge Status::	Honorable: _____	General: _____	Other: _____		
If the Veteran served under another name, please show					
Was the cause of death service related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is decedent receiving VA Benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### DEATH CERTIFICATE INFORMATION

Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

How Long In Arizona: \_\_\_\_\_ Previous State or Residence: \_\_\_\_\_

Race: \_\_\_\_\_ Education \_\_\_\_\_

**INFORMATION ABOUT THE PERSON APPLYING FOR INDIGENT  
CREMATION OR BURIAL**

<b>Full Name:</b>				<b>Date of Birth:</b>	
	<b>Last</b>	<b>First</b>	<b>MI</b>		
<b>Mailing Address:</b>					
<b>Social Security #:</b>		<b>Relationship to Deceased:</b>		<b>No. of Dependents:</b>	

If you cannot afford a complete burial/cremation, what can the family afford to contribute?  
\$ \_\_\_\_\_

**INCOME**

<b>Employment:</b>		<b>Amount of Income:</b>	
<b>Un-Employment:</b>		<b>Amount of Income:</b>	
<b>SS/Pension:</b>		<b>Amount of Income:</b>	
<b>ADC,GA, Food Stamps:</b>		<b>Amount of Income:</b>	
<b>Other:</b>		<b>Amount of Income:</b>	

**ASSETS**

<b>Home:</b>	<b>Value: \$</b>	<b>Amount Owed:</b>
<b>Real Estate:</b>	<b>Value: \$</b>	<b>Address:</b>
<b>Vehicle:</b>	<b>Year:</b>	<b>Make: Amount Owed:</b>
<b>Vehicle:</b>	<b>Year:</b>	<b>Make: Amount Owed:</b>

**LIQUID ASSETS**

<b>Total Cash:</b>	<b>\$</b>	<b>Jewelry:</b>	<b>Value: \$</b>
<b>Checking Acct Total</b>	<b>\$</b>	<b>Savings Acct Total</b>	<b>\$</b>
<b>Stocks:</b>	<b>Value: \$</b>	<b>Bonds:</b>	<b>Value: \$</b>

**A CURRENT BANK STATEMENT IS REQUIRED WHEN APPLYING FOR INDIGENT SERVICES  
CERTIFICATION**

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING  
STATEMENT OF FACTS IS TRUE AND CORRECT.**

**I UNDERSTAND THAT EACH STATEMENT IS SUBJECT TO INVESTIGATION  
AND VERIFICATION. THAT PROOF IS REQUIRED FOR EACH STATEMENT AND  
MY SIGNATURE CONSTITUTES AUTHORIZATION FOR SUCH INVESTIGATION.**

\_\_\_\_\_  
Applicants/Affiant's Signature

\_\_\_\_\_  
Date

