

County Burial Disposition Allowance and Expenditure Policy¹

Approved February 22, 2011

In accordance with MN Statute §261.035, Otter Tail County will provide for the immediate burial or direct cremation for residents of the county who are otherwise unable to pay the cost of disposition of their remains. If neither the wishes of the decedent or the practices of the decedent's faith tradition are known, nor the county has information about the existence or location of any next of kin, the county may authorize and provide for cremation of the person's remains and interment.

Application for a county disposition of remains can be made by a relative, friend of the deceased, or a funeral home director and must be conducted in person. Applications must be made before the disposition arrangement agreement is completed unless weekends, holidays, or extraordinary circumstances prevent a timely application. Verification of the balance in any accounts held by the decedent, as of the date of death, is required before the disposition will be approved.

County payment must be accepted as payment in full for items included in the county disposition policy. The county funded disposition is not intended to supplement other monies available for such services. If family and/or friends choose to make substitutions such as upgrading the casket, they will be obligated to pay for the entire cost of the disposition. Items of a special nature will be individually considered and need to be prior authorized.

If a request is approved, it is understood that all resources (including but not limited to balance of checking/savings account) of the decedent shall be remitted to the funeral home to offset the expense of the disposition. Otter Tail County will then pay the balance due (up to the approved limit) to the funeral home. After approximately thirty (30) days, the county will close out any accounts held by the decedent if the family is not able to access the funds. In addition, where applicable, any death benefit available must be applied for and shall be turned over to the county. If other resources become available to the deceased estate, it is understood that the county will be notified immediately.

Otter Tail County will not pay for any extra fees associated with the disposition of the remains. Only the actual price of the lot and actual grave digging expense will be paid, up to the approved limits. Receipts for these services must accompany the voucher submitted by the funeral home. If the allotted maximum amounts do not cover the lot or the digging expense, the family will be obligated to pay the difference

The family will be responsible for expenses which include, but are not limited to, the following: interment fees, winter burial costs (including snow removal), perpetual care, markers, final dates, visitation, additional transportation, tent and set-up fees, weekend or

¹ If adopted, this policy will become effective on March 1, 2011

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holiday charges, memorial paper products, obituaries, flowers, clothing, honorariums, etc.
County funds are not allowed to pay for these expenses.

It will be understood that a county funded disposition will not allow mortuaries receiving public funding to provide public visitations or funeral/memorial events outside of the graveside service.

Otter Tail County
Department of Human Services
 530 West Fir Avenue
 Fergus Falls, MN 56537
 (218) 998-8230 Fax (218) 998-8270

I, _____, _____ of
 (Name of Person Making Application) (Relationship to Deceased)

_____ Case # _____ DOD _____
 (Name of Deceased)

request assistance in payment of his/her funeral expenses at the _____
 (Name of Funeral Home)

The decedent was a resident of _____ for _____.
 (Address) (Length of Residence)

To the best of your knowledge, please list all known assets of the deceased; cash, bank accounts, nursing home account, burial funds, trusts, life insurance, stocks, bonds, securities, social security benefits, Veteran's benefits, and other real or personal property.

Account Type	Location	Last Known Balance
Cash <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Nursing Home <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Certificate of Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Annuity <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Burial Trust <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
VA Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Soc. Sec. Death Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Real Estate Equity <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other <input type="checkbox"/> Yes <input type="checkbox"/> No		

- Do you know of any other sources of payment for this burial? (i.e Insurance, Relative, Employer)

- Are there any circumstances that require services other than those normally provided by the County?

I do hereby declare that the information I have provided is true and accurate to the best of my knowledge. All assets owned by the decedent have been disclosed to the county agency and are listed above.
I have read the attached burial policy and understand that family and/or friends will be responsible for any additional items that they choose that are above the rates established in the burial policy.

Your Signature:	Date:
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Address:	Phone No.
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