



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

MAY 24 2023

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 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: Caring Cremation, LLC			Horizons Cremation per 4/22/24 email from atty SBM Business Address is the mailing address on Sunset, SBM
Physical address of proposed location: 1375 State Street Suite 3			
City: Pahrump	State: Nevada	Zip Code: 89048	
Phone Number: 702-203-8897	E-mail Address: pnassiry68@gmail.com		

Owner Information

Owner of Location:
Lessee: Caring Cremation, LLC

Type of Ownership:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
	<input checked="" type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Partnership

Managing Funeral Director Information

Name of Funeral Director who will manage this location:	FD License #:
Richard Bobo Inactive 2023 SBM Brandy Hall FD 944	252

Direct Cremation Facility Permit Application

Location Inspection

Anticipated date location will be ready for inspection:

10/01/2023

Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the permit is issued (e.g. renewal notices).

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

1631 E. Sunset Road, Suite C104

City:

Las Vegas

State:

Nevada

Zip Code:

89119

Preferred Phone Number:

702-203-8897

Preferred E-mail Address:

pnassiry68@gmail.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?

Nevada

In which state is the applicant currently domiciled?

Nevada

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

06/06/2022

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:

Robert W. Curtis, Esq.

Address:

244 JAMESON CIRCLE

City:

HENDERSON

State:

Nevada

Zip Code:

89074

Phone Number:

702-806-3431

E-mail Address:

CURTISLAWFIRM@GMAIL.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: CARING CREMATION, LLC	
Business License #: NV20222469163	Employer Identification Number: 88-396-2489

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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue

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.


 Signature of Applicant and/or Authorized Agent

04/13/2023
 Date

Poria Valley Nassiry
 Print Name

Managing Member
 Title

For Board Use Only:

<input type="checkbox"/> Date Received:	5/24/23	<input type="checkbox"/> Fee Paid:	\$ 375	<input type="checkbox"/> Ref. No.:	4
<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 Mtg:	
<input type="checkbox"/> Board Approved:		<input type="checkbox"/> Board Denied:		<input type="checkbox"/> Withdrawn:	
<input type="checkbox"/> Formal Approval:		<input type="checkbox"/> Formal Permit Mailed:			

644625087A

Credit Card Payment Information

Payment Method

Applicant Name: _____

-    

Amount: \$ 375.00

Name on Credit Card: OBTEEN NASSINI

Credit Card Number: _____

Expiration Month/Year _____

Billing Address _____

Billing City, State & Zip Las Vegas, NV, 89148

Email for Receipt: OB@medadkbs.com

Authorization _____

Signature: Obteen Nassini

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



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Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed for each principal if the applicant is a corporation, limited liability company or partnership.

Business Information

Name under which the location will conduct business:

Caring Cremation, LLC

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

Full Legal Name:

Poria Valley Nassiry

Title:

Managing Member

Mailing Address:

1631 East Sunset Road C-104

City:

LAS VEGAS

State:

NV

Zip Code:

89119

E-mail Address:

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:

4/13/2023

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

CARING CREMATION, LLC

Entity Number:

E23716562022-2

Entity Type:

Domestic Limited-Liability Company (86)

Entity Status:

Active

Formation Date:

06/06/2022

NV Business ID:

NV20222469163

Termination Date:

Perpetual

Annual Report Due Date:

6/30/2023

Series LLC:

Restricted LLC:

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

Robert Curtis

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

244 Jameson Circle, Henderson, NV, 89146, USA

Mailing Address:

244 Jameson Circle, Henderson, NV, 89146, USA

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
Managing Member	Poria Nassiry	1631 East Sunset Road C-104, Las Vegas, NV, 89119, USA	06/06/2022	Active

[Filing History](#)

[Name History](#)

[Mergers/Conversions](#)

CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2011633-081-102
LICENSE PERIOD: 05/29/2024 - 10/31/2024

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:
Horizons Cremation
1631 E Sunset Rd
Las Vegas, NV 89119

BUSINESS LOCATION ADDRESS:
1631 E Sunset Rd
Las Vegas, NV 89119

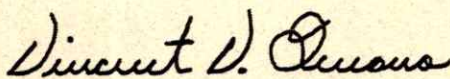
TYPE OF LICENSE: Personal Services - Group 1

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:
CG zone. Approved office to provide administrative cremation support services (prepare documentation, meet with clients, and arrange for clients to receive cremated remains) in conjunction with an existing shopping center. (WS-03-0430)

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
DIRECTOR OF BUSINESS LICENSE

DEPARTMENT OF BUSINESS LICENSE

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

Merchant: BOARD OF FUNERAL CEMETE

3740 Lakeside Drive
Suite 201
RENO, NV 89509
US

775-825-5535

Order Information

Description: Direct Cremation Facility Permit App
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Obteen Nassioi
Caring Cremation, LLC
231 royal Wood Court
Las Vegas, NV 89148

ob@mededlabs.com

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 375.00

Payment Information

Date/Time: 01-Jun-2023 11:27:15 PDT
Transaction ID: 64402508719
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 129383
Payment Method: American Express XXXX3002

From: [Rob Curtis](#)
To: [Nevada Funeral and Cemetery Services Board](#)
Subject: Re: Update Direct Cremation Facility Application
Date: Monday, April 22, 2024 6:42:52 PM

Hi Stephanie,

Here is the new information:

Here is the new information:

Funeral Director: Brandy Hall

License # FD944

Crematory: County Funeral Services LLC

1961 Whitney Mesa Dr.

Henderson, NV 89014

Business Name: Horizons Cremation

1631 E. Sunset Rd Suite C-104

Las Vegas, NV 89119

Please let me know if you have any questions. My cell phone is 702-806-3431.

Thank you!

Robert W. Curtis, Esq.

Robert W. Curtis, Esq.
ROBERT W. CURTIS & ASSOCIATES, PLLC
7866 West Sahara Avenue
Las Vegas, Nevada 89117
Direct: 702.806.3431
curtislawfirm@gmail.com

NOTE: The information contained in this communication is confidential and/or attorney-client

privileged, and dissemination without express permission is forbidden and unlawful. If you receive this communication in error, please delete it immediately. This law firm does not give legal advice with respect to taxes, credit or bankruptcy.

On Fri, Apr 19, 2024 at 5:18 PM Nevada Funeral and Cemetery Services Board
<nvfuneralboard@fb.nv.gov> wrote:

Rob—

I reviewed the application submitted on May 24, 2023, for Caring Cremation. Because the application is stale, will you please review and verify the information on the attached application? I noted the following:

- The business name on the application is Caring Cremation, but you submitted the DBA of Horizons Cremation. Please update the “name under which the location will conduct business.”
- The proposed managing funeral director is Richard Bobo. Mr. Bobo no longer holds an active license. Please update the application with a new proposed managing funeral director.

Please update any other items that need to be addressed and resubmit the application. The fees have been paid and will apply to the updated application. On the attached application, I redacted the DOB and SSN on the application to minimize exposure of personally identifiable information.

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>

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Robert W. Curtis, Esq.

ROBERT W. CURTIS & ASSOCIATES, PLLC

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Direct Cremation Facility Inspection Checklist

GENERAL INFORMATION

In accordance with NRS 642.067, NRS 642.365 and NRS 642.435, the Nevada Board of Funeral and Cemetery services has authority to inspect any premises where funeral directing is conducted or embalming practiced, and is required to make unannounced inspections of each location issued a permit by the Board.

Name under which the location conducts business	Horizons Cremation
Permit Number	
Physical Address	1631 East Sunset Road, Suite C104
City	Las Vegas
State	NV
Zipcode	89119

Mailing Address	1631 East Sunset Road, Suite C104
City	Las Vegas
State	NV
Zipcode	89119
Phone Number	7022038897
Fax Number	
Owner Of Location	Caring Cremation, LLC
Type Of Ownership	LLC
Name of funeral director currently approved to manage this location	Brandy Hall
FD License Number	FD994
photo of outside of building	





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Direct Cremation Facility Inspection Checklist

photo of lobby



pic



pic

Notes:

Business provided a picture of the front door with disclosure that facility is limited to providing direct cremation services. The picture was provided after the on-site inspection was completed.

LICENSES

Permit with name of owner displayed conspicuously? (NRS 642.465)	NA--Initial Inspection
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?	No

Notes:

Not at this time.



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Direct Cremation Facility Inspection Checklist

Photo of displayed licenses



LIST NAMES AND LICENSE NUMBERS

Name	Michelle Curtis
License Number	FA335
Name	Brandy Hall
License Number	FD944

ADVERTISING

Does the location advertise?	No
Does advertising and signage specify that the facility is limited to providing direct cremation services? (NRS 642.5172)	Yes
Notes:	
Will advertise when licensed.	
Photo of signage	





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Direct Cremation Facility Inspection Checklist

GENERAL PRICE LIST

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 checked="" 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 type="checkbox"/>
Separate prices for each direct cremation offered including an alternative container	<input 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"/>
Notes:	
Cremation container is included in the packages they offer.	

GENERAL PRICE LIST DISCLOSURES

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
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Direct Cremation Facility Inspection Checklist

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

ITEMIZED STATEMENT OF FUNERAL GOODS AND SERVICES

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



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Direct Cremation Facility Inspection Checklist

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? Yes
NRS 642.019, 16 CFR 453.3(d)(2)
Notes:

STATEMENT OF FUNERAL GOODS AND SERVICES DISCLOSURE

Is the following disclosure included in immediate conjunction with the list of itemized cash advances? Yes
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? Yes
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."
Notes:

CASKET PRICE LIST

Does the location provide a casket price list? No
NRS 642.019, 16 CFR 453.2(b)(2)
(If prices of all caskets are listed on the GPL, this item is not required)
Notes:
They offer one cremation container and it is listed with each of the packages they advertise. There is a designation on the General Price List of a price range for cremation containers should the customers want to upgrade.

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? Yes
(NAC 642.152)



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Direct Cremation Facility Inspection Checklist

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
Notes	

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



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Direct Cremation Facility Inspection Checklist

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? When needed.

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) Yes

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

Notes: _____

New Photo _____

New Photo _____

BODY DONATION INFORMATION

Does the facility work with any whole body donor organizations? Yes

List Donor Organizations _____

New Gift Whole Body Donation Program

Ask staff if permits are being obtained from the health department prior to body being donated (disposition)? N/A

NRS 440.450 _____

Notes: _____

They will work with New Gift Whole Body Donation Program after they are licensed to operate.

CREMATORY INFORMATION

Does the facility have an on-site crematory? No

If not, where are bodies from the facility cremated? County Funeral Services

General Notes or Comments _____

The cremation authorization form lists the crematory at 1961 Whitney Mesa Drive, Henderson, Nevada 89014.

UNCLAIMED VETERANS



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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

REGULATORY FEES

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

Do the fees submitted generally correspond to the number of burial permits or death records obtained through the Office of Vital Records? NRS 642.0696 If not, request information on how those fees are reported. N/A

Notes

INSPECTION INFORMATION

Date of Inspection 08/19/2024

Time of Inspection 03:10 PM

Type of Inspection Initial

Name of Inspector Dr. Wayne A. Fazzino

Signature of Inspector

Name of Agency Representative at Time of Inspection: Brandy Hall

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?

No

Additional Photo

Additional Photo

Additional Photo

From: [Randy](#)
To: [Stephanie McGee](#)
Subject: Re: Horizons Direct Cremation Facility--Temporary Approval Requested
Date: Tuesday, September 17, 2024 5:45:36 PM

Hello Stephanie! Temporary approval granted. Thank you for the email! Randy

----- Original Message -----

From "Stephanie McGee" <director@fb.nv.gov>
To "Randy Sharp" <randy@cccarnson.com>
Date 17-Sep-24 17:39:09
Subject Horizons Direct Cremation Facility--Temporary Approval Requested

Good afternoon, Randy—

Attached, please find the application (redacted) and inspection report for Horizons Cremation’s direct cremation facility license. The application is complete, fees have been paid, and background checks have been reviewed. The proposed managing funeral director, Brandy Hall, lives within 120 miles of the facility and currently serves as managing funeral director for one other facility.

Will you please consider granting temporary approval until the next Board meeting during which the full board can consider formal approval?

Please let me know if you have any questions.

Kind regards,

Stephanie

Stephanie Bryant McGee
Executive Director
Nevada Funeral & Cemetery Services Board
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Reno, NV 89509
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<https://funeral.nv.gov>