

Subject: Confirmation of Order #14440: Muriel Mintz
Date: Monday, December 25, 2017 at 10:52:03 AM Central Standard Time
From: confirmations@wilbertorders.com
To: Barbara Bejeault

PLEASE DO NOT REPLY TO THIS EMAIL. This automated email notification was sent from a no-reply email address that does not monitor incoming mail. If you have questions regarding your Wilbert order, please contact your local Wilbert licensee.

Your order has been submitted to Wilbert Vaults of Houston.

Order Number 14440 for Concrete Box was submitted on December 25, 2017 at 10:52 am.

Billing Information

Company Name: Houston Jewish Funerals - Bellaire
Director: Barbara Bejeault
Company Phone: (713) 666-0257

Order Submitted By: Barbara Bejeault barbara@houstonjewishfunerals.com

Funeral Details

Date: Wednesday December 27, 2017 Time: 12:00 pm
Funeral Location: Graveside
Cemetery: Emanu El Memorial Park
Town: Houston
ETA: 11:00 am
Cemetery Directions: Lean Cover

Deceased Details

Full Name: Muriel Mintz

Product Selection

Concrete Box

Optional Services

Grass and Device: No Grave Dig: No

If you see errors, changes, or additions that should be made to this order, please call 713-692-6105 immediately. We appreciate your business.

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment Houston Jewish Funerals

Name of Deceased Miriam Mintz Date of Death 12/24/17

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

Date Signed _____

Signature of next-of-kin or Person Responsible for making arrangements for final disposition

NOTE: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.

If Authorization for embalming is oral, complete the following:	
Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.	
Authorization to embalm received from _____	
Relationship to Deceased _____	
Time _____	Date _____
Received by _____	

If no authorization can be obtained, complete the following:

I hereby acknowledge that Houston Jewish Funerals has made a reasonable effort over a _____ period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. Name of Establishment _____ Times contact with family attempted: _____

Signature and License # of Embalmer _____

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual. Michele Gedbey, Guardian 12/26/2017
Signature Date



Houston Jewish
Funerals

FO #17-06823
FIRST CALL SHEET

Name of Caller: Michelle
Phone #: 713-677-7299
Name of Hospice: Houston Hospice

Date Call Received: 12 / 24 / 2017 Time Call Received: 11:05 AM/PM Call Taken By: ERIC

A. Deceased Information

Name: Muriel Mintz
Place of Death: Houston Hospice
Address: 1905 Holcombe Blvd
Location of Deceased: Room 308
Date of Death: 12 / 24 / 2017 Time of Death: 10:21 AM/PM
DOB: 09 / 05 / 1924 Weight: 100 lbs.
Name of Physician or Medical Examiner: Dr. Wolf, Duane
Phone #: Harris Co Medical Examiner
Shomer Name: _____

B. Next of Kin Information

Name: Donald Mintz / Michelle Goldberg
Relationship: Son / Guardian
Contact Phone #1: 713-750-9474 -- 713-560-7916
Contact Phone #2: _____
E-mail Address: _____

C. Notes



Lonestar Mortuary and Cremations

4400 Town Plaza Drive Suite 109, Houston, Texas 77045

Phone (832) 265-9595 / Fax (832) 962-4857

www.lonestarmortuaryandcremations.com

info@lonestarmortuaryandcremations.com or lsmcpaperwork@gmail.com

FIRST CALL REPORT

DATE OF REMOVAL: 2-25-17

FUNERAL HOME: HJF

ADDRESS: _____

CONTACT NAME: Eric PHONE: _____

DELIVER TO: HJF

NAME OF DECEASED: Muriel Mintz

DATE OF BIRTH: 9-5-1924 DATE OF DEATH: 12-24-17

SSN: _____ TIME OF DEATH: 21:21

DR TO SIGN DC: Duane Wolf

PHONE: HCME

PLACE OF REMOVAL: Houston Hospice

ADDRESS: 1905 Holcombe Blvd. Houston, Tx 77030

NEXT OF KIN: Donald Mintz RELATIONSHIP: Son

ADDRESS: _____

PHONE: 713-750-9474 EMAIL: _____

REMOVAL TECHNICIAN: AJ

TIME CALL INITIATED: 23:30 (Military Time Only)

PERMISSION TO EMBALM? YES or NO GIVEN BY: _____

RELATIONSHIP TO DECEASED: _____

LSMC Service Requested: Removal
(Removal Only, Embalming, Cremation, Shipout, Hold)



Death Certificate Ordering Application

DistinctiveLife

Valued Life | Valued Service

Mintz
232



Receipt

Receipt	
Funeral Home License:	4229
Death Record Registration Number:	000002225593
Number of Copies:	20
Funeral Home Address Used	
Shipping Method:	USPS First Class Mail
Shipping Cost:	\$0.00
Subtotal:	\$77.00
Grand Total:	\$77.00
Trace Number:	537DR59846329
Remittance Number:	G869440

Important:

- Print this page for your records. Then close this window to return to the TER-Death Registration System.
- Once you have returned to TER, click 'Save' to refresh the screen. You should see confirmation of your DCOA response on Demographic Tab 1.

Print

For technical assistance with this application, please call 1.877.452.9060 or send an email to [Texas.gov help](#).

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Vital Statistics Form

Please complete the information below as it pertains to the person for whom arrangements are being made. This information is necessary to file the appropriate forms for Prearrangement contracts, Death Certificate and any permits required at the time of need.

Full Legal Name: (Including Maiden) Muriel Weiner Mintz

Address: 3519 Yupon St. Houston, Texas 77006

County of Residence: Harris County

Residence Inside City Limits?: Yes No

Date of Birth: September 5, 1924

Place of Birth: Brooklyn, N.Y.

Father's Name: Samuel Weiner

Mother's Name: (Including Maiden) Esther Cantrowitz Weiner

Marital Status: (Married, Divorced, Never Married or Widowed)

Name of Spouse: (Including Maiden)

Usual Occupation: Executive Secretary

(The Bureau of Vital Statistics will not accept "retired", we must have the occupation at the time of employment or "homemaker".)

Industry: City of Houston

Highest level of Education Obtained: Some college

(i.e.: 9-12 grade, high school diploma or GED, some college, or highest level of college degree obtained.)

Social Security Number: 134-14-8113

Name and Address of Physician: Michael E. Buxbaum D.O.P.A

Veteran: Yes No

Branch of Service: n/a

Informant's Full Name: Donald M. Mintz, D.D.S.

Relationship to Deceased: Son

Phone Number(s): 713-750-9474

Email: donmmintz@comcast.net

Address: 3519 Yupon St. Houston, Texas 77006

After completing the Vital Statistics Form, please send to us at your earliest convenience. Please contact us with any questions or concerns. Houston p 713-933-0356 | f 713-666-0431 | Dallas p 972-424-1144 | f 972-424-1148

Subject: Funeral

Date: Monday, December 25, 2017 at 10:42:56 AM Central Standard Time

From: shel vedlitz

To: Elizabeth Townsend, David Lamden, Jose Ramirez, Barbara Bejeault

Muriel Mintz's funeral will be Wednesday Dec 27th at 12:00. Her plot is located at 5 - B- 38 - 1.

Shel

MICHELE K. GOLDBERG

ATTORNEY & COUNSELOR AT LAW

JULIE M. DALLISON

OF COUNSEL

Telephone 713.218-8800

THE FROST BANK BUILDING
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Facsimile 713.839-0142

Barbara J.H. McDowell, Legal Assistant
lawmkgassist@sbcglobal.net

November 26, 2017

Re: Guardianship of Muriel Luba Mintz, Incapacitated; Cause No. 456,059; In the Probate Court No. Two (2) of Harris County, TX

To Whom it May Concern,

Please be advised that I am the Temporary Guardian Pending Contest in the above referenced cause. A certified copy of my Order of Appointment is enclosed for your records. Please note that this Order replaces and terminates any existing powers of attorney, including one that you may have in Ms. Mintz' records, if any.

Donald Mintz, Ms. Mintz son, will bring Ms. Mintz for her appointments. I write to authorize the Dr. Donald Mintz to communicate directly with you and any of your staff in matters concerning Ms. Mintz' evaluation and treatment. **I specifically do not authorize any other person to represent me.**

Should you have any questions or concerns, please do not hesitate to contact this office.

Sincerely,

s/ Michele Goldberg

Michele Goldberg

Attachment
Donald Mintz

Michele Goldberg direct cell phone: 713-560-7916