

RECORD OF ORDINANCES

BEAR GRAPHICS 800-325-8094 FORM NO. 30043

Ordinance No. #2020-14 Passed April 23rd, 2020

AN ORDINANCE IMPLEMENTNG A POLICY FOR THE
CREMATION OF INDIGENT PERSONS AT THE VILLAGE
EXPENSE AS AND EMERGENCY MEASURE

NOW THEREFORE BE IT ORDAINED BY Council of the Village of Sabina three-fourths or more of the members elected thereto concurring that:

SECTION 1: Pursuant to ORC 9.15: the Village will provided for the costs of cremation of indigent persons if such persons person was not an inmate of a correctional, benevolent, or charitable institution of this state, and the body is not claimed by any person for private interment or cremation at the person's own expense, or delivered for the purpose of medical or surgical study or dissection in accordance with section 1713.34 of the Revised Code.

SECTION 2: "Indigent person" means a person whose income does not exceed one hundred fifty per cent of the federal poverty line.


SECTION 3: A "Financial Assistance Indigent Burial Request Form", must be completed to verify indigent status and residency.

SECTION 4: The Village Fiscal Officer is to pay the cost of cremation out of the General Fund, upon the approval of the Mayor.

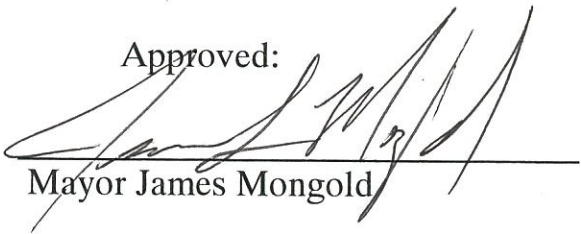
SECTION 5: This Ordinance shall serve as mediation between the Littleton Funeral Home and the Village of Sabina in order to assume responsibility of the cremation of Lori Thomas O'Dell. Due to time restrains this shall be passed as an emergency measure.

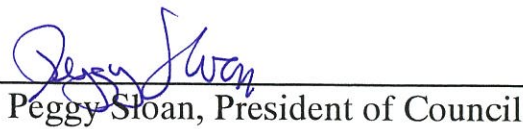
Passed this 23rd day of April, 2020.

Attest:


Nancy L. Cornell, Fiscal Officer

Approved:


Mayor James Mongold


Peggy Sloan, President of Council

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VILLAGE OF SABINA, OHIO
99 N. HOWARD STREET
SABINA, OHIO 45169

FINANCIAL ASSISTANCE INDIGENT BURIAL REQUEST

Name of deceased: [REDACTED]
Social Security #: [REDACTED]
Address of legal residence of deceased: [REDACTED]
[REDACTED]

Deceased Date of Death: [REDACTED],
2020

1. List all life insurance policies of the deceased. (Company name, address and benefit amount.)
None Known
2. List all bank accounts of deceased (Institution name, account type and balance at time of death): Has account to receive social security benefits- Information not known by next of kin (Husband: [REDACTED] [REDACTED]).
3. List all real estates owned or co owed by the deceased. None Known
4. Was the deceased a United States Veteran?
No.
5. Was the deceased a registered as an Organ Donor?
Unknown