



RESOLUTION NO. 2014-32

RESOLUTION FINDING A DECEDENT TO BE INDIGENT OR UNCLAIMED AND AUTHORIZING PAYMENT FOR THE BURIAL OR CREMATION OF AN INDIGENT PERSON, AS DEFINED IN SECTION 24-13-2 NMSA 1978, OR OF AN UNCLAIMED DECEDENT, AS DEFINED IN SECTION 24-13-1 NMSA 1978.

WHEREAS, pursuant to Section 24-13-5 NMSA 1978, the Torrance County Board of County Commissioners may authorize payment for the burial or cremation of an indigent person, as defined in Section 24-13-2 NMSA 1978 or of an unclaimed decedent, as defined in Section 24-13-1 NMSA 1978; and,

WHEREAS, pursuant to Section 24-13-3 NMSA 1978, the burial or cremation expenses may be paid by the County out of the general fund or the county indigent hospital claims fund in an amount up to six hundred dollars (\$600) for the burial or cremation of any adult or minor; and,

WHEREAS, pursuant to Section 24-13-5 NMSA 1978, if the County pays expenses for burial or cremation, all available assets of the decedent shall be used to reimburse the County and/or, if the decedent left an estate, the decedent's estate shall reimburse the County; and,

WHEREAS, pursuant to Section 24-13-2 NMSA 1978, a deceased person shall be considered to be an indigent for purposes of this resolution if his estate is insufficient to cover the cost of burial or cremation; and

WHEREAS, pursuant to Sections 24-13-1 and 24-13-3 NMSA 1978, it is the duty of the Torrance County Board of County Commissioners to cause to be decently interred or cremated the body of any unclaimed decedent or indigent person known to have been a resident of Torrance County; and,

WHEREAS, Kyle Allison Mead is deceased, and she is a qualified indigent person; and,

WHEREAS, Ms. Mead is known to have been a resident of Torrance County.

NOW THEREFORE, BE IT RESOLVED, that the Torrance County Board of Commissioners hereby;

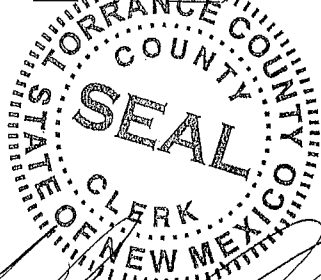
1. FINDS:

- a. That the decedent was a resident of Torrance County;
- b. That if the decedent's estate is insufficient to cover the cost of burial or cremation, then she is an indigent decedent;

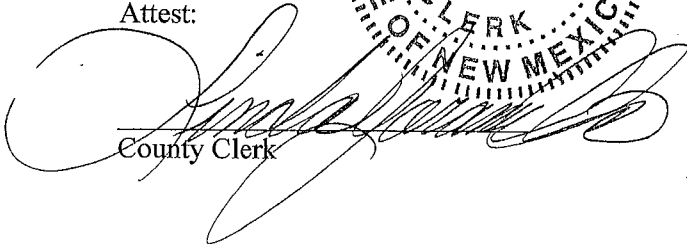
2. AUTHORIZES:

- a. The payment, in an amount not to exceed six hundred dollars (\$600), for the burial or cremation of the body;
- b. The Torrance County Manager to seek reimbursement from the estate for reimbursement for the burial or cremation expenses, unless the estate is insufficient to cover the cost of burial or cremation.

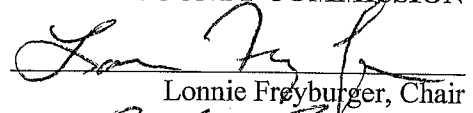
DONE, this 23rd day of June, 2014.

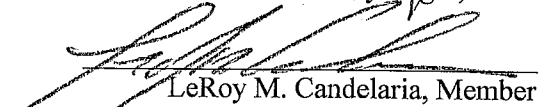


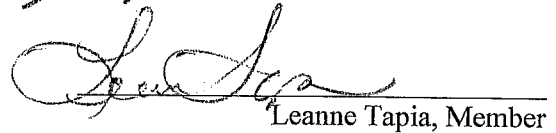
Attest:


County Clerk

TORRANCE COUNTY COMMISSION


Lonnie Freyburger, Chair


LeRoy M. Candelaria, Member


Leanne Tapia, Member

APPLICATION AND DECLARATION STATEMENT

Received
5-19-14

Check No. _____

Approved Date _____

Amount _____

Denied _____

Kyle Allison Mead
Name of Deceased

Danette Huckin
Applicant

4/18/58 985-90-8692
Date of Birth Social Security No.

9/30/75 525-19-9505
Date of Birth Social Security No.

906 Norman Ave W
Address

69 Little Cloud Moriarty NM
Previous Residence

Moriarty NM
City State

Do You Have Insurance? No If Yes
Name of Company _____

Torrance County Resident Yes
How Long? 9 yrs

Have Medicare (or Medicaid)? Kyle did

Danette Huckins
Name of Nearest Living Relative

906 Norman Ave W
Address of Nearest Living Relative

Was Death as a Result of Accident or Injury? No If Yes, Explain:

How Much Cash Did Decedent Have? \$ 0 On Hand \$ 0 Savings \$ 400 Checking

Name of Financial Institution US Bank

Did Decedent Own a Home? No Buying No Renting \$ _____ Value \$ _____ Bal. Owed

If Decedent Was Renting, Name and Address of Landlord: _____

Did Decedent Own Any Other Real Estate? No If Yes, Describe Real Estate, Value, Balance Owed, and Location _____

What is The Approximate Value of Decedent's Household Goods? 0
Describe any Other Major Assets (Items of Value Owned By Decedent) _____

FOR INDIGENT CLAIMS OFFICE USE ONLY

Verified By: _____
Employment: _____
Residency: _____
Assessor: _____
Rent: _____
Income Tax Return: _____

Vehicle (s) Owned By Decedent

1.	_____	_____	\$ _____	_____
	Make	Model	Value	Balance
2.	_____	_____	\$ _____	_____
	Make	Model	Value	Balance

Number of Dependents? 0

Monthly Income	<u>Disability</u>	\$ <u>721</u>	\$ _____
	Source of Decedent's	Gross	Net
	<u>0</u>	\$ _____	\$ _____
	Source of Spouse's	Gross	Net
<u>0</u>		\$ _____	\$ _____
Wages Still Owed Decedent		Gross	Net

Debts and Monthly Commitments:

Payments To:	Balance:	Amount	Payments To:	Balance:	Amount
<u>Security Finance</u>	<u>?</u>	<u>107⁰⁰</u>	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name of Nearest Relative and Address: Danette Hutchins
906 Norman Ave W Moriarty NM

Nearest Friend and Address: Anne Hallett
Las Cruces, NM

Are Any of the Above Able to Assist Financially? NO

I hereby authorize release of information concerning the above statement to the County of Torrance, New Mexico;

I certify that I have read this application and swear that the above information contained in it is true to the best of my knowledge.

I understand that all information on this application is subject to investigation.

I hereby certify that I am unable to pay for the cost of burial in the amount of \$ 600, and qualify under the provisions of the burial of indigents. Any false statements on this form made knowingly by me constitutes a felony and could result in a prison sentence and/or fine.

Dated This 19th Day Of June, 19 2013

Danette Hutchins
Applicant

Subscribed to and Sworn to Before
 Me This 19 Day of June, 2014

Elizabeth Ryan
Notary Public

5-27-15

My Commission Expires



P.O. Box 1800
 Saint Paul, Minnesota 55101-0800
 4982 TRN

X ST01

002
 Account Number:
 1 559 3920 5698
 Statement Period:
 May 8, 2014
 through
 Jun 6, 2014

000020331 1 AT 0.406 106481601067482 P
 KYLE A MEAD
 PO BOX 1531
 MORIARTY NM 87035-1531



To Contact U.S. Bank
 By Phone: 1-800-US BANKS
 (1-800-872-2657)
 Telecommunications Device
 for the Deaf: 1-800-685-5065
 Internet: usbank.com

EASY CHECKING

Member FDIC

Account Number 1-559-3920-5698

U.S. Bank National Association

Account Summary

Beginning Balance on May 8	\$ 15.29	Number of Days in Statement Period	30
Deposits / Credits	721.00	Average Account Balance	\$ 89.47
Card Withdrawals	702.92-		
Other Withdrawals	8.95-		
Ending Balance on Jun 6, 2014	\$ 24.42		

Deposits / Credits

Description of Transaction	Ref Number	Amount
30 Federal Benefit Deposit REF=14143006193889 N	From SSI TREAS 310 XXSUPP SEC9101736121 6692 S	721.00
Total Deposits / Credits		\$ 721.00

Card Withdrawals

Date	Description of Transaction	Ref Number	Amount
May 9	Debit Purchase - VISA TACO BELL KFC 17	8200988300	7.69-
May 30	Debit Purchase 083100	2900017034	107.00-
Jun 2	Debit Purchase - VISA SECURITY FINANCE	2900017034	142.00-
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Jun 2	Debit Purchase - VISA SECURITY FINANCE	2900017034	142.00-
Jun 2	ATM Withdrawal		58.50-
Jun 6	Debit Purchase 378100		
Card 7154 Withdrawals Subtotal			\$ 702.92-
Total Card Withdrawals			\$ 702.92-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Jun 6	Monthly Maintenance Fee	0600002917	8.95-
Total Other Withdrawals			\$ 8.95-

Balance Summary

Date	Ending Balance	Date	Ending Balance
May 9	7.60	Jun 2	91.87
May 30	702.87	Jun 6	24.42

Balances only appear for days reflecting change.

Fax

Date: 6/24/14
 Attention: Liz Lujan
 Fax Number: 384-5294
 Phone Number: 246-4756

From: *Torrance County Animal Shelter
 Danette Hutchins Shelter Supervisor
 P.O. Box 875 / 751 Salt Mission Trails
 McIntosh, NM 87032
 505-384-5117 FAX-384-4037*

Subject / Message:

Bank Statement for Kyle Mead.
Thank you, Liz.

Number of Pages: 2 w/cover