



RESOLUTION NO. 2014-33

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 24-13-1 NMSA 1978, a dead person whose body has not been claimed by a friend, relative or other interested person assuming the responsibility for and expense of disposition shall be considered an unclaimed decedent; 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, UNM, Office of the Medical Investigator has informed Torrance County that Mr. Joseph A. Lefebvre is deceased, his body is at their facility, and he is a qualified indigent person, as well as unclaimed; and,

WHEREAS, Mr. Lefebvre 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:

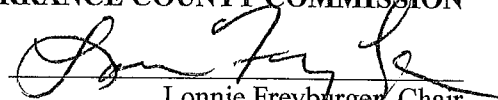
- a. That the decedent was a resident of Torrance County;
- b. That the decedent is an unclaimed decedent; and
- c. That if the decedent's estate is insufficient to cover the cost of burial or cremation, then he is an indigent decedent;

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 25th day of June, 2014.

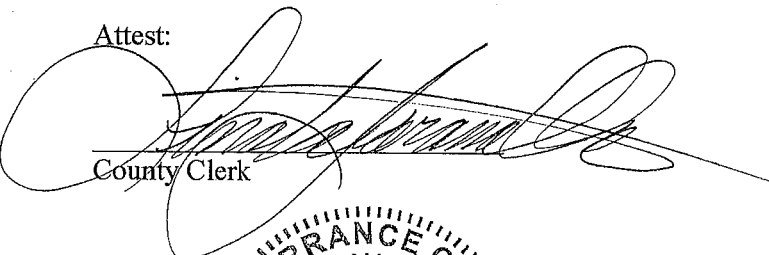
TORRANCE COUNTY COMMISSION


Lonnie Freyburger, Chair


LeRoy M. Candelaria, Member


Leanné Tapia, Member

Attest:


County Clerk





UNM OFFICE of the MEDICAL INVESTIGATOR

Telephone 505-272-3053
MSC 07 4040, 1 University of New Mexico
Albuquerque, NM 87131-0001 (mailing address)
1101 Camino de Salud NE, Albuquerque NM 87102 (physical address)
(505) - 925-0532 FAX

This authorizes the Office of the Medical Investigator in Albuquerque, New Mexico, to release the remains and the personal effects of Joseph A. Lafebvre whose date of birth was 1/1 to the Harris-Hanlon Mortuary Funeral Home, or their agent at (505)-832-6130.

During the investigation by the OMI you may obtain information about the option of donating tissues for transplantation by contacting your Funeral Director or NM Donor Services at 1- (800) 843-7672.

Signature of Next of Kin: Liz Lujan

Printed Name/Telephone Number: Liz Lujan 505-246-4736

Relationship of next of kin or other person legally entitled to control disposition of remains: IHC Administrator

Date Signed: 6-19-14

Torrance County

OMI #: 2014-2600

DAVE ID #:

(Funeral Director: Once this form is faxed to OMI from your facility, you will receive a fax back with this information)

Esto autoriza la Oficina del Médico Investigador en Albuquerque, NM, para liberar los restos y las efectos de personales de a la funeraria o su agente. Número de Teléfono: ()-

Durante la investigación por la OMI, podrá obtener información acerca de la opción de donación de tejidos para trasplante, por ponerse en contacto con su Director de la Funebres o Servicios Donantes de NM en: 1- (800) 843-7672.

Firma de pariente inmediato

Nombre/Número de teléfono

Relación de parientes cercanos o de cualquier otra persona autorizada por la ley para controlar la enajenación de restos

Fecha de la Firma

Numero de Caso: OMI #:

DAVE ID #:

(Funeral Director: Once this form is faxed to OMI from your facility, you will receive a fax back with this information)



* * * Communication Result Report (Jun. 19. 2014 10:58AM) * * *


1) Torrance Co Managers Office
2)

Date/Time: Jun. 19. 2014 10:57AM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
5907	Memory TX	9250532	P. 1	OK	

Reason for error

E. 1) Hang up or line fail	E. 2) Busy
E. 3) No answer	E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size	

 **UNM** OFFICE of the MEDICAL INVESTIGATOR

Telephone 505-272-3053
 MSC 07 4040, 1 University of New Mexico
 Albuquerque, NM 87131-0001 (mailing address)
 1101 Camino de Salud NE, Albuquerque NM 87102 (physical address)
 (505) -- 925-0532 FAX

This authorizes the Office of the Medical Investigator in Albuquerque, New Mexico, to release the remains and the personal effects of Joseph A. Hebert whose date of birth was 1/1 to the Harris-Hendon Mortuary Funeral Home, or their agent at (505)-832-6130.

During the investigation by the OMI you may obtain information about the option of donating tissues for transplantation by contacting your Funeral Director or NM Donor Services at 1-(800) 843-7672.

[Signature]
 Signature of Next of Kin

Liz Lujan 505-246-4736
 Printed Name/Telephone Number

ITC Administrator
 Relationship of Next of Kin or other person legally entitled to control disposition of remains

6-19-14
 Date Signed

Torrance County

OMI #: 5014-2600 DAVE ID #: _____
 (Funeral Director: Once this form is faxed to OMI from your facility, you will receive a fax back with this information)

Esto autoriza la Oficina del Médico Investigador en Albuquerque, NM, para liberar los restos y las efectos personales de _____, cuya fecha de nacimiento fue _____ a la funeraria _____ o su agente. Número de Teléfono: () _____

Durante la investigación por la OMI, podrá obtener información acerca de la opción de donación de tejidos para trasplante, por ponerse en contacto con su Director de la Funeraria o Servicios Donantes de NM en: 1-(800) 843-7672.

Firma de pariente inmediato _____ Nombre/Número de teléfono _____

Relación de parientes cercanos o de cualquier otra persona autorizada por la ley para controlar la enajenación de restos _____ Fecha de la Firma _____

Número de Caso: OMI #: _____ DAVE ID #: _____
 (Funeral Director: Once this form is faxed to OMI from your facility, you will receive a fax back with this information)



* * * Communication Result Report (Jun. 19. 2014 11:39AM) * * *


1) Torrance Co Managers Office
2)

Date/Time: Jun. 19. 2014 11:38AM

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Reason for error

E. 1) Hang up or line fail	E. 2) Busy
E. 3) No answer	E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size	

 UNM OFFICE of the MEDICAL INVESTIGATOR

Telephone 505-272-3053
 MSC 07404, 1 University of New Mexico
 Albuquerque, NM 87131-0001 (mailing address)
 1101 Camino de Salud NE, Albuquerque, NM 87102 (physical address)
 (505)-925-0532 FAX

This authorizes the Office of the Medical Investigator in Albuquerque, New Mexico, to release the remains and the personal effects of Joseph Lafabre whose date of birth was 1/1 to the Harris-Hendon Mortuary Funeral Home, or their agent at (505)-233-6130.

During the investigation by the OMI you may obtain information about the option of donating tissues for transplantation by contacting your Funeral Director or NM Donor Services at 1-(800) 843-7672.

[Signature]
 Signature of Mortician
IHC Administrator

Liz Lujan 505-246-4736
 Printed Name/Telephone Number

Relationship of [Signature] or other person legally entitled to control disposition of remains
Torrance County

6-19-14
 Date Signed

OMI #: 2014-260 DAVE ID #:
 (Funeral Director: Once this form is faxed to OMI from your facility, you will receive a fax back with this information)

Esto autoriza la Oficina del Médico Investigador en Albuquerque, NM, para liberar los restos y las efectos personales de [Signature] a la funeraria [Signature] o su agente. Número de Teléfono: [Signature] cuya fecha de nacimiento fue [Signature]

Durante la investigación por la OMI, podrá obtener información acerca de la opción de donación de tejidos para trasplante, por ponerse en contacto con su Director de la Penetración o Servicios Donantes de NM en: 1-(800) 843-7672.

Firma de pariente inmediato _____ Nombre/Número de teléfono _____

Relación de parientes cercanos o de cualquier otra persona autorizada por la ley para controlar la consignación de restos _____ Fecha de la Firma _____

Numero de Caso: OMI #: _____ DAVE ID #: _____
 (Funeral Director: Once this form is faxed to OMI from your facility, you will receive a fax back with this information)





Office of the Medical Investigator

06/17/2014

To: Torrance County Indigent Burial Program
ATTN: IHC Administrator
PO BOX 48
Estancia, NM 87016
505.246.4756, 505.384.5294 (fax)

From: The Office of the Medical Investigator
MSC07 4040
1 University Of New Mexico
Albuquerque, NM 87131-0001

RE: Joseph A. Lefebvre
OMI: 2014-2600

Dear IHC Administrator;

This letter is to inform the Torrance County Indigent Burial Program that the OMI has retained custody of the decedent, Joseph A. Lefebvre, in excess of the two weeks required by the law. I have exercised due diligence in attempting to notify any relatives of the decedent and have determined that the decedent is unclaimed.

Thank you very much for your prompt assistance regarding the cremation services for Joseph A. Lefebvre. If any other information is needed to expedite the process, please do not hesitate to contact me or an on-duty investigator at 505.272.3053 (option 2).

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer L. Westlund', with a long horizontal flourish extending to the right.

Jennifer L. Westlund
Deputy Medical Investigator



Office of the Medical Investigator

Indigent/Unclaimed

DATE: 06/17/2014 OMI#: 2014-2600

TO: Torrance County

FROM: The Office of the Medical Investigator PHONE: 272-3053 Fax: 925.0532

NAME OF DECEDENT: Joseph A. Lefebvre
ADDRESS: 8 Horseshoe Bend Road, Edgewood, Torrance County, NM 87015

DATE OF BIRTH: 08/03/1935 SEX: Male
SS#: 030-26-8461 VETERAN: Unknown
DATE OF DEATH: 05/25/2014

PLACE OF DEATH: Residence
CITY/COUNTY: Edgewood, Torrance
CAUSE OF DEATH: Complications of basal cell carcinoma
MANNER OF DEATH: Natural

NEXT OF KIN: None located Signed release of disposition? No
ADDRESS: N/A
PHONE: N/A

The OMI has retained custody of the decedent in excess of the two weeks required by law, exercised due diligence in attempting to notify the relatives of the deceased and has determined that the decedent is unclaimed.

The OMI certifies this body to be unsuited or unnecessary for medical education and is releasing it to the state, county or municipal officials having charge or control of the body for burial or cremation. The OMI will store the body for a maximum of 30 days, as required by law, from the date of this notification.

Deputy Medical Investigator Jennifer Westlund

Investigations Supervisor Approval

Chief Medical Investigator

09/09
WH