



RETAIL INSTALLMENT CONTRACT
Schedule "1"

GRACELAND/FAIRLAWN CEMETERIES
2091 NORTH OAKLAND AVENUE P.O. BOX 230 DECATUR, ILLINOIS 62525
TELEPHONE (217) 429-5439 FAX (217) 429-2572

Buyer's Name Calbert L Roberson
Buyer's Address PO Box 206 Tel. No. (H) 317-764-4592
City West Lebanon State In Zip 47891 Tel. No. (B) _____

Undersigned Seller sells and agrees to furnish and Buyer (if more than one, jointly and severally) purchases, SUBJECT TO THE TERMS AND CONDITIONS SET FORTH HEREIN, the following goods and services, indicated by checking the item, for immediate delivery, at the prices set forth below.

ITEMIZATION OF GOODS AND SERVICES PURCHASED:

<input type="checkbox"/> Lot no. of spaces _____ Cemetery _____	<input type="checkbox"/> Graceland Sec _____ Lot _____ Spc _____	\$ _____
	<input type="checkbox"/> Fairlawn Sec _____ Lot _____ Spc _____	\$ _____
Memorial Restrictions: <input type="checkbox"/> Monument <input type="checkbox"/> Marker, according to the rules and regulations of the cemetery _____		\$ _____
Deed to: _____		\$ _____
<input type="checkbox"/> _____ Crypt <input type="checkbox"/> Companion <input type="checkbox"/> Single Cemetery _____	<input type="checkbox"/> Graceland Sec _____ Lot _____ Spc _____	\$ _____
	<input type="checkbox"/> Fairlawn Sec _____ Lot _____ Spc _____	\$ _____
<input type="checkbox"/> Mausoleum Crypt <input type="checkbox"/> Companion <input type="checkbox"/> Single Mausoleum _____	Sec _____ Tier _____ Crypt _____	\$ _____
	<input type="checkbox"/> Graceland <input type="checkbox"/> Fairlawn _____	\$ _____
<input type="checkbox"/> Armoire (Cremains) <input type="checkbox"/> Companion <input type="checkbox"/> Single Mausoleum _____	Sec _____ Tier _____ Row _____	\$ _____
	<input type="checkbox"/> Graceland <input type="checkbox"/> Fairlawn _____	\$ _____
<input type="checkbox"/> Cremorial (Cremains) <input type="checkbox"/> Companion <input type="checkbox"/> Single _____		\$ _____
<input type="checkbox"/> Niche (Cremains) Companion <input type="checkbox"/> Single	<input type="checkbox"/> Graceland <input type="checkbox"/> Fairlawn Sec _____ Lot _____ Spc _____	\$ _____
<input type="checkbox"/> Pet Section _____ Cemetery _____	<input type="checkbox"/> Graceland <input type="checkbox"/> Fairlawn Sec _____ Lot _____ Spc _____	\$ _____
<input checked="" type="checkbox"/> Memorial <input type="checkbox"/> Companion <input checked="" type="checkbox"/> Single <input type="checkbox"/> Cremorial _____		\$ <u>601.72</u>
<input type="checkbox"/> Double Interment <input type="checkbox"/> Monument _____		\$ _____
Admn. & Installation <u>Inc</u> Immed. Care <u>Inc</u> Future Care <u>Inc</u>		\$ <u>Included</u>
<input checked="" type="checkbox"/> Interment and Recording _____ <input checked="" type="checkbox"/> Pre-Need <input type="checkbox"/> At Need For: <u>Calbert L Roberson</u>		\$ <u>588.00</u>
Cemetery <u>Gr</u> Sec <u>KA</u> Lot <u>E13</u> Spc <u>9</u>		\$ _____
<input type="checkbox"/> Flower or Tree Program _____		\$ _____
<input type="checkbox"/> Monument Vases _____ <input type="checkbox"/> Liners _____ Installation of Vases _____		\$ _____
<input type="checkbox"/> Extra Letters _____ <input type="checkbox"/> Custom Letters _____ <input type="checkbox"/> Design _____ <input type="checkbox"/> Emblem _____		\$ _____
<input type="checkbox"/> Crypt Lettering <input type="checkbox"/> Bronze _____ <input type="checkbox"/> Other _____		\$ _____
<input type="checkbox"/> Bronze Vases <input type="checkbox"/> Inside Memorial _____		\$ _____
<input type="checkbox"/> Outside Memorial _____		\$ _____
Admin. & Installation _____ Immedcare _____ Future Care _____		\$ _____
<input checked="" type="checkbox"/> Illinois Consumer Protection Fund Act _____		\$ <u>5.00</u>
Other _____		\$ _____
Other _____		\$ _____
Itemized Subtotal		\$ <u>1194.72</u>
Program Discount/Credit or Other Discount		\$ <u>-0-</u>
Subtotal		\$ <u>1194.72</u>
Sales Tax		\$ <u>43.62</u>
Schedule "1" Subtotal		\$ <u>1238.34</u>

MEMORIAL INFORMATION

FAMILY NAME: <input type="checkbox"/> FRONT <input type="checkbox"/> BACK Style of Lettering <u>Relief</u> Die Contour: <input type="checkbox"/> Serp <input type="checkbox"/> Oval <input type="checkbox"/> Flat <input type="checkbox"/> Other _____	
DUPLICATION OF: Name _____ Sec _____ Lot _____ Spc _____ <input type="checkbox"/> Complete <input type="checkbox"/> Lettering <input type="checkbox"/> Design _____	
Material: Granite <u>White Ruby Red</u> Bronze _____ Bronze No. & Date _____	
DIE _____ FINISH _____	
BASE _____ FINISH _____	
MARKER GRANITE <u>2-0x1-0x0-4</u> FINISH <u>PPT</u>	
SIZE: BRONZE _____ FINISH _____	
Special instructions: _____ Engravers Discretion <input type="checkbox"/> Yes <input type="checkbox"/> No	
VASE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TYPE _____	SETTING INFORMATION
EMBLEMS: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TYPE _____	CEMETERY <input checked="" type="checkbox"/> GRACELAND <input type="checkbox"/> FAIRLAWN
<p>Calbert L Roberson</p> <p>Nov 23, 1902 - AUG 20, 1997</p>	SEC LOT SPACE
	<u>KA E13 9</u>
	STORAGE PLAN <input checked="" type="checkbox"/> LOCATION _____
	DATES INCLUDED IN PRICE <input checked="" type="checkbox"/> EXCEPT FINAL DATE <input type="checkbox"/>
	INSTALLED WHEN PAID FOR <input type="checkbox"/>
	FAMILY NAME FACES _____
	N S E W
	Buyer Sign Here Date <u>3-23-94</u>
	Signed <u>x Calbert L Roberson</u>
	Signed X _____
	THIS SCHEDULE IS SUBJECT TO ACCEPTANCE BY AN OFFICIAL OF THE SELLER
	Seller's Representative <u>Kay W. Dubois</u>
	Verified by _____
	ACCEPTED _____
Memorial information checked and approved by customer: <u>x Calbert L Roberson</u>	

Decatur Cemetery Land Company - Graceland Cemetery
 Cemetery Land Company - Fairlawn Cemetery
Seller (Secured Party)

