REQUEST FOR PAYMENT OF FUN	pproved 0. 0704-0030 May 31, 2006			
The public reporting burden for this collection of information is e gathering and maintaining the data needed, and completing and of information, including suggestions for reducing the burden, to that notwithstanding any other provision of law, no person shall control number.	reviewing the collection of info the Department of Defense, Ex I be subject to any penalty for	rmation. Send comments regarding this burc recutive Services and Communications Direct failing to comply with a collection of inform	len estimate or any of orate (0704-0030). Ri ation of it does not di	her aspect of this collection aspondents should be aware splay a currently valid OMB
PLEASE DO NOT RETURN YOUR FORM TO THE	ABOVE ORGANIZATIO	N. RETURN COMPLETED FORM	TO THE ADDRES	SS IN ITEM 2.
	PRIVACY ACT	STATEMENT		
AUTHORITY: 10 USC Sections 1481 throug PRINCIPAL PURPOSE: To record amount of 1 ROUTINE USES: None. DISCLOSURE: Disclosure of requested inform	funeral and/or interment			
	the second se	BY MILITARY AUTHORITIES		
1. MILITARY ACTIVITY PREPARING THIS FORM		2. MILITARY ACTIVITY FORM IS	TO BE MAILED	TO FOR PAYMENT
a. NAME		a. NAME	1. A. S. A.	
Combat Logistics Battalion 23		US Navy & Marine Corps Mo	rtuary Affairs	4.00
b. ADDRESS (Street, City, State and ZIP Code)		b. ADDRESS (Street, City, State and	ZIP Code)	
8277 Elder Creek Cr, Sacramento, CA 95828		Millington, TN		
3. NAME OF DECEDENT (Last, First, Middle Initial) Gee, Nicole, L.		4. PAY GRADE/RANK E-5/Sergeant	5. SERVICE NU (b)(- Contract and a state of the state of the
6. PLACE OF DEATH (City, State, Country)			the second se	EATH (YYYYMMDD)
Kabul, Afghanistan				210826
8. NAME OF CLAIMANT (Last, First, Middle Initial, (b)(6)	1		9. RELATIONS	HIP
10. FUNERAL HOME AND/OR NATIONAL CEME	TERY			
a. NAME	Service and the	b. ADDRESS (Street, City, State and		STATE
Lumbert funarai home		400 Douglas blud. Ro.	scuille, CA,	95678
11. GOVERNMENT CONTRACT FOR CARE OF R	EMAINS IN EFFECT AT	PLACE OF DEATH		
NO YES (Enter name of contrac				
PART II - TO BE COM	PLETED BY CLAIMANT	(Proper completion will expedite :	settlement.)	
a. Complete Items 12 and 13. b. Complete either Item 14, 15, or 16. (Do not complete more than one.)	d. Attach copies of b	, when cost of shipment of remain ills for all amounts claimed. I'm to addressee shown in Item 2.	is is claimed in li	em 15 or as Item 16.
12. CEMETERY, MAUSOLEUM OR OTHER DISPO	DSITION			13. DATE OF
a. NAME	b. ADDRESS (Street, Ci			INTERMENT
Arlington National Cemetery	4 Memorial Al			(YYYYMMDD)
	Arlington, VA	22211		Sue no success
14. INTERMENT COSTS (To be completed when Enter total amount paid or incurred for one of grave, burial vault, church service or clergy's fee funeral director's facilities, and motor service.	or more of the following	Cost of single grave site, opening	ng and closing cluding use of	AMOUNT CLAIMED
15. FUNERAL ARRANGEMENT COSTS (To be conservices, cremation and urn, clothing for decease burial vault, church service or clergy's fee, obitu director's facilities, and motor service), and shipidelivery from preparation point to common carrier home, and delivery to cemetery).	or more of the following ed, cost for interment (s ary notice, flowers, ser ment of remains (remov	Casket, preservation (embalmin single grave site, opening and closs vices of funeral director, including val from place of death to preparat	ing grave, use of funeral tion point,	AMOUNT CLAIMED
16. SHIPPING COSTS OF REMAINS (To be comp Enter total amount paid or incurred for one of point, delivery from preparation point to common funeral home, and delivery to cemetery.	or more of the following	: Removal from place of death to	preparation	AMOUNT CLAIMED
17. SHIPMENT OF REMAINS (Complete when ship	ping costs claimed.)		1	
a. SHIPPED FROM (City and State)	b. SHIPPED TO (City and	nd State)	c. MODE OF SH	HEARSE
18. STATEMENT OF CLAIMANT: I have paid or I desire that the amount allowable by the Go		he amounts entered in Items 14, 1	15, and/or 16.	
a. NAME OF PAYEE (Print or type)		CAGE CODE:	b. TAXPAYER	D NUMBER OR SSN
c. ADDRESS OF PAYEE (Street, City, State and ZIP		d. SIGNATURE OF CLAIMANT	1	e. DATE SIGNED
C. AUDITESS OF FATEL ISITER, City, State and Life		(b)(6)		08/31/21

(F	STATEMENT OF DISPO Read Agency Disclosure Notice, Privacy Advis			his form.)	OMB No. 0704-0581 OMB approval expires 01/31/2022
1. NAME OF	DECEASED (Last, First, Middle Initial)	2. SERV	ICE/GRADE OF DECEASED	3. DCIPS C	ASE NUMBER
Gee, Nico		and the second sec	E-5/Sergeant	bayers considered the particulation of the	
4. PERSON	AUTHORIZED TO DIRECT DISPOSITION (P	ADD)	C .		
a. NAME (La	ast. First. Middle Initial)		TIONSHIP TO DECEASED		ONE NUMBER (Include
(b)(6)				Area Code	ッ (b)(6)
d. CURREN (b)(6)	T RESIDENCE ADDRESS (Street, Apartment N	umber, City, State an	d ZIP Code)		
I, the und presented ar under Option or Air Force.	ON OF DISPOSITION OPTIONS ersigned Person Authorized to Direct Dispositi ad have selected disposition of remains as indi ns 1 - 4, may be provided by a civilian funeral	cated below. I und	lerstand that the embalming/prep	paration, restoration, a	and casketing of remains,
OPTION 1	I authorize the Military to assume custody of selected in Block 8 , and request transportation with subsequent interment/entombment in the I understand the reimbursement for expenses	on to be arranged, e CIVILIAN CEME s incurred at the fur	with escort, at government exper FERY listed in Block 7. heral home, cemetery and other a	authorized expenses	HOME listed in Block 6, cannot exceed
			nent, the Government will pay all		
OPTION 2	I authorize the Military to assume custody of selected in Block 8 , and request transportation		• • •		and a second s
(b)(6)	with subsequent interment/entombment in the				HOME listed in Block o,
(Initials)	I understand that the reimbursement for expe	nses incurred at th		her authorized expension	
OPTION 3	I authorize the Military to assume custody of				
	selected in Block 8, and request transportation	on to be arranged,	with escort, at government exper		
	interment/entombment in the GOVERNMENT I understand that the reimbursement for expe			transportation of rem	ains and other
(Initials)	authorized expenses cannot exceed \$ 2,500	.00			
OPTION 4	I authorize the Military to assume custody of				
	CREMATION CASKET, with CREMATION to				
	applicable statutory provisions. The Military v Government expense.	vill provide the urn	selected in Block 9 and arrange	transportation of the	casket and escort at
	I understand that the reimbursement for expe				
(Initials)	Option 1 or Option 2 (depending on the meth the Government will reimburse the cremation		f the urn) \$	In addition to this ma	aximum reimbursement,
OPTION 5	I desire to MAKE ALL ARRANGEMENTS for		omains If the remains are unde	r the control of the De	D I direct the remains he
	released to the funeral home listed in Block 6				
	reimbursement entitlements listed in (A) or (B				
	of (A) below. Additionally, the Government w			Refer to the instruction	page of this form for
	(A) \$ 10,500.00 for interment/entor	choosing this option mbment in a CIVIL			
(Initials)	0.000.00		EMETERY (Federal/State).		
OPTION 6	I HEREBY RELINQUISH MY RIGHTS to all d			d understand that the	right to direct disposition
	of the remains will pass to the next person in I				•
	that I have the legal right to make this authorize				
	arise from this action. I further authorize the r to the allowable limit, incurred in the disposition				
(Initials)	(Name/relationship):		· · · ·	,,	
	NG FUNERAL HOME (Name, Address (include ZI	P Code)	7. CEMETERY (or where final d		
Lar hert	one Number (Include Area Code)		(Name, Address (include ZIP C Arlington National Cen		mber (Include Area Code)
400 dova	los blud, Roseville, CA 95678		1 Memorial Ave	entry	
	7-0474		Arligton, VA 22211 877-907-8585		
	SELECTION (Not applicable to Options 4 or 5)	9. URN SELECT	FION (Applicable to Option 4)	10. I DESIRE MILI	TARY FUNERAL
	Steel with Silver Tone Finish	Solid Bronz		HONORS:	
	ardwood with Walnut Finish	Solid Walnu		YES	NO
(b)(6)	OR PRINTED NAME OF PADD	b. SIGNATURE	OF PADD		c. DATE 00/31/21
12.a-TYPED	OR PRINTED NAME OF WITNESS	b. SIGNATURE	OF WITHESS		c. DATE
(b)(6)					6. DATE 8-31-21

		AINS ELECTION STATEMENT FIDENTIFIED PARTIAL REMAINS	OMB No. 0704-0581 OMB approval expires 01/31/2022
and maintaining the ncluding suggestion should be aware the OMB control number of the second sec	data needed, and completing and reviewing the collect is for reducing the burden, to the Department of Defense at notwithstanding any other provision of law no person r.	average 15 minutes per response, including the time for reviewing ins con of information. Send comments regarding this burden estimate or a. Washington Headquarters Services, at whs mc-atex esd mbx.dd-dor shall be subject to any penalty for failing to comply with a collection of ASUALTY; 4000 DEFENSE PENTAGON; WASHINGTON I	r any other aspect of this collection of information, d-information-collections@mail.mil. Respondents of information if it does not display a currently valid
		PRIVACY ADVISORY	
providing your through 1488, Deceased Per (https://dpcid.	r name and contact information as well as and this form will be filed in the Defense of rsonnel File (IDPF), covered by following D defense.gov/Privacy/SORNsIndex/DOD-w is form is voluntary. However, without com	ocument your decisions about the remains of your S your relationship to the service member. This collect Casualty Information Processing System (DCIPS) as Department of the Army System of Record Notice: ide-SORN-Article-View/Article/570058/a0600-8-1c-a npleting the form, your choices regarding your service	ction is authorized by 10 U.S.C. 1481 s part of the service members Individual hrc-dod/).
1. NAME OF D	DECEASED (Last, First, Middle Initial)	2. SERVICE/GRADE OF DECEASED	3. DCIPS CASE NUMBER
Gee, Nicole,	. L.	USMC/E-5	
. PERSON A	UTHORIZED TO DIRECT DISPOSITION	(PADD)	
a. NAME /Last (b)(6)	First Middle Initial)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER (Include Anea Code) (b)(6)
d. CURRENT (b)(6)	RESIDENCE ADDRESS (Street, Apertment	Number, Citv. State and ZIP Code)	
SECTION I - E OPTION 1 (b)(6) (Initials) OPTION 2 (Initials)	Le street en de care a transmission de la serie de		
SECTION II - I	ELECTION FOR CURRENTLY RECOVER	RED REMAINS	
OPTION 1 (b)(6) (Initials)	In the event that additional remains accepting subsequent portions for the subsequent	are individually identified, I would like to be no disposition.	otified and given the choice of
OPTION 2	Marine Corps, Navy, Air Force or C accomplished by the portions of rea and the Sea Salt Urn will be taken	are individually identified, I DO NOT want to b Coast Guard to make appropriate disposition. A mains being cremated. The cremated remains out to sea on a U.S. Navy or U.S. Coast Guard ve resulting in the cremated remains being disp	Appropriate disposition is s will then be placed in a Sea Salt Urr d vessel where the urn will be placed
	TON AND SIGNATURES		L DATE
6) (6)	RE OF PADD		6. DATE 202[090]
7.a. TYPED 0 (b)(6)	R PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	(c. DATE 20210901
	3046, JAN 2019	~	Adobe Profession

AFMES # 21-0200 AFMAO # D21-0137 Request Turned in On: 03-SEP-21 @ 1527

Shipping Request
US Marines
Casualty's Rank/Name: Sgt Nichole L. Gee
Requested Shipping Date: 16SEP21 Arrival Time: 1300 or best
**Forms Included: Casualty Status Report, DD 3045 (Dispo), AFMES Release, AFMES Cremation Ltr (b)(6) Marine Liaison Signature/Date (b)(6) Marine Liaison Signature/Date (b)(6) Date: 2021.09.04 11:36:57 -04'00 Embalmer's Signature/Date
X
Other: Sacremento International Airport
Airport Requested: SMF City and State: Sacremento, CA
Police Escort Departing AFMAO? Yes No
Urn Request: Yes No Urn Type: Bronze Wood Request Submitted Yes No
Number of Escort(s):
Name: DOB: (b)(6) Cell Phone #: DOB: For Kalitta
Name: Cell Phone #:
Stop-over Authorized: Yes Yes No Stop-over Location:
Subsequent Portions: Yes 🖌 No Casket Type: Adult Infant Urn
Receiving Funeral Home: Lambert Funeral Home 916-783-0474
4000 Douglas Blvd., Roseville, CA 95678
Planeside Info Required for Southwest Airlines: # in Honor Guard: <u>8</u> # in Family <u>6</u> POC/CACO:

portation selected above is delayed due to cir ge other transportation, if required, to ensure	
nercial aircraft to an airport appropriate to the re	eceiving funeral home or interment s
mains, I acknowledge the air transportation op ry/military contracted aircraft to an airport or mi	
r, City. State and ZIP Code)	
b RELATIONSHIP TO DECEASED	c TELEPHONE NUMBER (In (b)(6)
2. SERVICE/GRADE OF DECEASED E-S/USMC	3. DCIPS CASE NUMBER
PRIVACY ADVISORY ent your decisions about the remains of your Se relationship to the service member. This collect alty Information Processing System (DCIPS) as trment of the Army System of Record Notice: <u>ORN-Article-View/Article/570058/a0600-8-1c-al</u> ng the form, your choices regarding your service	tion is authorized by 10 U.S.C. 1481 part of the service members Individu hrc-dod/).
subject to any penalty for failing to comply with a collection of TY; 4000 DEFENSE PENTAGON; WASHINGTON, D	information if it does not display a currently valid
15 minutes per response, including the time for reviewing instruments, send comments reporting this burrier estimate or a	in other second of this collection of information
	Image: Contract C

	×	Trip No	(b)(6)		Trip Date (Zulu)	09/16/21		
Ka	litta	Aircraft			Available (Zulu)	09/16/21 10:30		
CHARTERS		Trip Type	Carç	go	Tail Number	TBA		
(Dispatcher	(b)(6)	1	Captain			
1		F/O			ACM			
Customer Name	DOVER AIR FORCE BASE			Phone	302-677-2362	2		
Bill Address	116 PURPLE HEART DRIVE			Fax	302-677-2911	l		
City / State / Zip	DOVER AFB DE 19902			Alternat	e			
Contact Name	Afamo			Control	# GEE / (b)(6)			

AIRCRAFT ITINFRARY

	Pick Up				Drop Off		
Location	DOVER AFB DE	Airport [DOV	Location	SACRAMENTO CA	Airport SMF	
FBO	Base Operations @ 302-677 F/302-677-2922	7-2861 2.		FBO	Capital Jet Center- SMF x1-3. F/916-646-6747	@ 916-428-8292	
	442 13th street Dover, DE 19902				5885 Flightline Circle Sacramento, CA 95837		

Location	PALM SPRINGS CA	Airport PSP
FBO	SIGNATURE FLIGHT SU 760-327-1201. F/760-32 250 North El Cielo Rd Palm Spings, CA 92262	

Passenger and Patient Manifest													
No.	Count	Weight	D/O/B	Name	Doc Number	Doc Type	Ехр	Country					
<u>1</u>	1	0	04/14/1993	(b)(6)	Capt, USMC (SMF)								
<u>2</u>	1	0	04/04/1995		CPL, USMC (PSP)								
	TOTAL 0 TSA WATCH DESK 703-563-3650 TSA OPERATIONS 877-456-8722												
Cargo Manifest													
No.	Count	Weight	DIMS	Part Nums	Description	LL HM							
<u>3</u>	1	0	87x32x23	HR - Sgt Nicole L. Gee	USMC (SMF)								
<u>4</u>	1	0	87x32x23	HR - Cpl Hunter Lopez	USMC (PSP)								
-	TOTAL	0											

Route for KFS

Leg	From	То	ETD UTC	ETD LOCAL	ATD UTC	ATD LCL	Flt. T.	ETA UTC	ETA LCL	ATA UTC	ATA LCL
1	DOV	GYY	09/16/21 10:30	09/16/21 06:30			2+10	12:40	07:40		
2	GYY	BFF	09/16/21 13:45	09/16/21 08:45			2+15	16:00	10:00		
3	BFF	SMF	09/16/21 17:00	09/16/21 11:00			2+15	19:15	12:15		
4	SMF	PSP	09/16/21 20:45	09/16/21 13:45			1+10	21:55	14:55		

Warning : Some local times might be different in locations where daylight savings time is not observed. Track your flight online at www.flyacharter.com Click on Flight Search and use Call Sign KFS in the Advanced Search section then click on Search

> 843 Willow Run Airport Ypsilanti, MI 48198 • 1-800-525-4882 Tel :734-544-3400 • Fax: 734-544-3421 www.kalittacharters.com

ED NAME:	Sgt Gee, Nicole USMC/ACTIVE						
	CASE TA	ALLY WORKSHEI	ET				
SERVICE	ME	RCHANDISE / SUPPLIES		TRANSPORTATION			
\$1,895.00	1	\$2,450.00	1	\$395.00			
\$495.00	2	\$672.03	2	\$295.00			
	3	\$143.00	3				
	4		4				
	5		5				
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		TP AMOUNT DEDUCTED					
	-	\$1,885.00	25				
A. SERVICE TOTAL:	B: M	IERCHANDISE / SUPPLIES TOTAL:		TRANSPORTATION TOTAL:			
\$2,390.00		\$1,380.03	1	\$690.00			
\$2,390.00	SD						
\$3,265.03		\$3,770.03	0	TOTAL-TRANS			
STOND TO SUT OF	10000 A 12 - 77	SOLA LATER BURGADER AND BURGADER	L	\$690.00			
PAID BY		\$690.00					
	TOTA						
	ASETO		_	REMAINING ON			
		OTMENT PAID OR OWED		ENTITLEMENTS			
	-						
	-	Contraction of the second s	1	\$2,229.97			
OPTION 5A OPTION 5B		\$6,729.97 \$5,229.97					
	SERVICE \$1,895.00 \$495.00 \$495.00 \$495.00 \$495.00 \$495.00 \$2,390.00 \$2,390.00 \$2,390.00 \$3,265.03 SSIGNED CS MGR PAID BY	SERVICE ME \$1,895.00 1 \$495.00 2 3 4 5 6 7 6 7 8 9 10 11 12 13 14 12 13 14 15 16 17 18 19 20 21 21 22 23 18 19 20 21 22 23 17 18 19 20 21 21 22 23 18 19 20 21 22 23 18 19 20 10 10 \$2,390.00 \$E \$3,265.03 \$E \$2,390.00 \$E \$10 10 0 10 0 10 0 10 0	SERVICE MERCHANDISE / SUPPLIES \$1,895.00 1 \$2,450.00 \$495.00 2 \$672.03 3 \$143.00 4 5	\$1,895.00 1 \$2,450.00 1 \$495.00 2 \$672.03 2 3 \$143.00 4 5 6 6 6 6 6 7 7 7 8 9 9 10 10 10 11 11 11 12 12 12 13 13 13 14 14 14 15 16 16 17 17 17 18 18 18 19 20 20 21 21 21 22 23 23 MERAUP AMOUNT DEDUCTED 24 - \$1,380.03 25 A. SERVICE TOTAL: B: MERCHANDISE / SUPPLIES TOTAL: 51,380.03 \$2,390.00 \$1,380.03 25 A. SERVICE TOTAL: B: MERCHANDISE / SUPPLIES TOTAL: 53,770.03 \$2,390.00 \$1,380.03 25 SSIGNED CS MGR TRANSPORTATION TOTAL: S			

Standard Form 1034								10 million 10	VOUC	HER NO.		
	dard Form 1034 sed October 1987		F	UBLIC VOUCI	HER FOR	R PURCHASE	S AND			LIN NO.		
	artment of the Trea	asury				HAN PERSO						
1 TFM 4-2000 U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION						rat which the address to the property had been the			1000	GEE6577		
				MENT AND LOCATION	DAT	E VOUCHER PREPAI	RED		SCHE	DULE NO.		
Navy Personnel Command					09/2	21/21						
5	5720 Integrity Drive					TRACT NUMBER AN	D DATE		PAID B	Y		
N	lillington, TN	38055			(b)(6)						
					REQ	UISITION NUMBER A	ND DATE		-			
1						98021PV00001						
-												
	Г		Funeral Ho	mo		-						
I 1				me						VOIDE BEALINES		
	PAYEE'S		glas Blvd							NVOICE RECEIVED		
L	NAME AND	Rosevil	e, CA 95678						09/21			
	ADDRESS								DISCOU	JNT TERMS		
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1	L					-				S ACCOUNT NUMBER		
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SHIF	PED FROM			то			WE	GHT	GOVER	NMENT B/L NUMBER		
⊢	NUMBER	DATE O		ARTICLES O	R SERVICE	S	OLIAN	UNIT PRI		AMOUNT		
	AND DATE	DELIVER	Y (Enter a	lescription, item number	er of contract	or Federal supply	QUAN- TITY	500 1000 F 8 80		(1)		
<u> </u>	OF ORDER	OR SERV		edule, and other inforr				COST	PER			
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IL	PARTIAL											
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느	5 100 2000 2000	tu upstad in r	a leastify that	this vausher is correct	and proper fo	rooument						
Pur	suant to authori	ty vested in n	ie, i certily that	this voucher is correct	and proper to	r payment.						
<u>-</u>	09/21/21					FOR: F	inancial	Managemen		t		
(Date) (Authorized Certifying Officer) 2								(Title	e)			
				ACC	OUNTING C	LASSIFICATION						
	98021PV									\$690.00		
000	01									\$2,390.00		
										\$1,380.03		
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PAID	CASH \$		DATE			PAYEE 3						
	¥						1.5.5					
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	hen stated in forei				e signature oct	is necessary otherwise						
2 lf	the ability to certif	y and authority	to approve are co	ncy. ombined in one person, one over his official title.	e signature only	y is necessary; otherwise						
2 If th 3 W	the ability to certif e approving office hen a voucher is i	y and authority r will sign in the receipted in the	to approve are co space provided, name of a compa	ombined in one person, on over his official title. any or corporation, the nam	me of the perso	n writing the company or	TITLE					
2 If th 3 W	the ability to certif e approving office hen a voucher is i rporate name, as	y and authority r will sign in the receipted in the well as the cap	to approve are co space provided, name of a compa acity in which he	ombined in one person, on over his official title. any or corporation, the nan signs, must appear. For e	me of the perso	n writing the company or	TITLE					
2 If th 3 W co Si	the ability to certif e approving office hen a voucher is i	y and authority r will sign in the receipted in the well as the cap r "Treasurer", a	to approve are co space provided, name of a compa acity in which he	ombined in one person, on over his official title. any or corporation, the nan signs, must appear. For e	me of the perso	n writing the company or	TITLE			NSN 7540-00-900-2234		
2 If th 3 W co Si	the ability to certif e approving office hen a voucher is i rporate name, as nith, Secretary, o	y and authority r will sign in the receipted in the well as the cap r "Treasurer", a	to approve are co space provided, name of a compa acity in which he	mbined in one person, on over his official title. any or corporation, the nan signs, must appear. For e b.	me of the perso example: "John	n writing the company or Doe Company, per John	TITLE					
2 If th 3 W co Si	the ability to certif e approving office hen a voucher is i rporate name, as nith, Secretary [*] , o rious edition usab	y and authority r will sign in the receipted in the well as the cap r "Treasurer", a le.	to approve are co space provided, name of a compa acity in which he s the case may be	mbined in one person, on over his official title. any or corporation, the nan signs, must appear. For e b.	me of the perso example: "John CY ACT STAT	n writing the company or Doe Company, per John EMENT	TITLE			NSN 7540-00-900-2234 APD PE v4.05		

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

				and cremation matters, contact: Depart Ivd., Suite S-208, Sacramento, CA 95834,	ment of Cons	Case. # 40 Part One umer Aff	91601005400 08809485 e of Three Par fairs, Cemete
and the second s	UNERAL GOOD	S AND SI	ERVICE	ES SELECTED/PURCHASE AG	REEMENT Date of Ser	vice 09/2	29/2021
ame of Deceased Nicole GEE						Birth 05/0	DD YY
eceased's Last Address (b)(6)						1.0.1	015 99
					Datasto	e at	
urchaser's Name_(b)(6)				Email address (b)(6)	Date of B	uun	
archaser's Home Address_ (b)(6)							
o-Purchaser's Name				Email address	Date of B	lirth	DD YY
o-Purchaser's Home Address				_CityState		Zip Code	
Minity Group							
ember	Mem	bership ID			Code		
this Agreement the words you and your refer to those name and address appear above. For good a out authorize us to prepare and care for the body or de have the right to collect the total amounts due us tharges are only for those items that you e will explain the reasons in writing below. If you do not have to pay for embalming you did to will explain why below.	nd valuable considera of the decedent named inder this Agreement f selected or that a you selected a funera	tion, which e in this Agree rom any person re required. I that may re	ach party ement and on who sig If we s equire em	acknowledges receiving, you agree to buy il to conduct the funeral and services and incu- gns this Agreement as Purchaser or Co-Purch ure required by law or by a cemetery balming, such as a funeral with viewing,	te goods and s in the charges l laser y or cremato you may have	ervices de listed in sa ory to us e to pay fo	escribed below aid Agreemen ise any item for embalmin
ECTION I - SERVICES AND MERCHANDIS	E			MEDOWANDISE			_
UNERAL DIRECTOR AND STAFF SERVICES				MERCHANDISE Casket or Alternative Container:			
Basic Professional Service Fee	\$	Incl		Manufacturer/Supplier			
Direct Cremation		n/a		Model Name/Number	_		
Immediate Burial		n/a		Material Species of Wood			
Forwarding Remains		n/a		Type of Metal			
Receiving Remains	+	1.895.00		Weight/Gauge			
		n/a n/a		Interior Exterior Color		5	'n
				Outer Burial Container:			
ARE AND PREPARATION OF REMAINS		n/a		Manufacturer/Supplier			
Other Preparation (specify)				Model Name/Number			
		n/a		Material		*	
		n/a		Manufacturer/Supplier			
		n/a		Model Name/Number.		1.00	
		n/a n/a		Material		\$	n
SE OF FACILITIES AND RELATED SERV	ICES					\$	n
Visitation	5	n/a		-		\$	n
Funeral Ceremony	+	495.00		TOTAL SECTION I		\$	4,840.0
Memorial Service		n/a		SECTION II - CHARGES TO BE INCL	RRED BY U	SON	
Other (specify):				YOUR BEHALF (Certain charges ma	ay be estima	ited -"e"	means
		n/a		estimated.) We charge you for our services in obtain	ing those item	ne morke	d with an 'Y'
	:	n/an/a			ung those nea	s market	672.03
RANSPORTATION				Portraits		\$	n/a
Transferring Remains to Funeral Home	3	n/a	ADE			\$	n/a
Funeral Vehicle/Hearse	1	Incl	395			\$	n/a n/a
Other (specify): Transfer to or From Airport	5	Incl	295			\$	n/a n/a
	- 5	n/a				\$	n/a
		n/a		A		5	n/a n/a
		n/a n/a				\$	n/a
	\$	n/a				3	n/a
	\$	n/a				5	n/a n/a
Flowers	5	2,450.00				\$	n/a
	\$	n/a			_	\$	n/a
	5	n/a	÷			\$	n/a n/a
1.0.00		n/a n/a	A			\$	n/a
	\$	n/a				\$	n/a
		n/a				\$	n/a n/a
	\$	n/a n/a	1.1			\$	n/a
	i	n/a		TOTAL SECTION II		\$	672.03
	\$	п/а					
	\$	n/a		TOTAL SECTION I CHARGES		5	4,840.00
	1	n/a n/a		TOTAL SECTION II CHARGES		\$	672.03
	1	n/a	21	TOTAL SECTION I AND SECTION II	CHARGES.	\$	5,512.03
	5	n/a					
	5	n/a n/a	1.				
	*	n/a n/a		FURCHASER'S INITIALS AND DATE	WITNESS	INITIALS A	ND DATE
		1.4.64		1.4 - Veralities and all second se			A CONTRACTOR OF A

2400

Agreement No

491601005400

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED/PURCH/	ASE AGREEMENT
TOTAL SECTION I AND SECTION II CHARGES	S5.512.03
SECTION III - ALLOWANCES Manager Approved	s(1,195.00)
	5n/a
	5n/a
	5n/a
	Sn/a
	5n/a
	5 n/a
	Sn/a
	S0.00
TOTAL ALLOWANCES	\$(1,195.00)
SECTION IV - TAXES	
Taxable Items Section I + or - Section III.	51,845.09
Less Deducubles	S n/a
TOTAL TAXES 7.75% % State (6.25%) - 115.32, County (1%) - 18.45, Other I (0.5%) - 9.23	s143.00
TOTAL CHARGES: Section I + II + or - III + IV =	\$ 4,460.03
Less Cash Received	S n/a
Less Assignments of	\$ 0.00
Unpoid balance due by: 09/29/2021	s4,460.03

PAYMENT TERMIS You understand that no extension of credit by us, subject to federal or state credit disclosure, installment sales, or other consumer credit statutes, is contemplated by this Agreement. You have no right to defer payment of any amount due under this Agreement. You agree that you are personally liable for payment of the applicable balance due shown on the Statement of Funeral Goods and Services Selected by the date indicated on the Statement. payment will be nade to us at the address set forth in this Agreement. Where the full amount due will not be paid prior to the performance of the services called for by this Agreement, you authorize us to inquire into your credit history

IDENTIFICATION AND DESCRIPTION OF MANDATORY ITEMS AND EXPLANATION OF EMBALMING CHARGE. We have identified and described below any legal, cemetery or cremetory requirements which compet the probability of any terms listed in Part One and we have explained why we charged for emblaning. You acknowledge and agree that embalming and/or preparation of the remains may be performed at the facility of the above-referenced funeral home or at another facility that is duly licensed and equipped to provide such services

You confirm that you have examined the service and merchandise items listed in Part One and found them to be correct and according to the arrangements selected and that prior to signing this Statement, you reviewed and approved a completed copy of this Statement. You also confirm that you have been informed of your right to select only such services and merchandise as you desire, and that you have the legal right to arrange the funeral services for the deceased named above.

ACKNOWLEDGMENT OF DISCLOSURES/DISCLAIMER

The Federal Trade Commission Trade Regulation Rule on "Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. The following is a checklist we ask those we serve to read and sign to verify that the funeral arrangement conference was conducted in compliance with the Rule You who made the arrangements for the funeral and final disposition of the above-named decedent do hereby attest to the following

- 1 You were given a General Price List effective on 07/09/2021 prior to discussing funeral arrangements or the selection of any funeral goods or services
- 2 You were shown a Casket Price List effective on 07/09/2021 prior to discussing caskets
 - 3 You were shown an Outer Burral Container Price List effective on 07/09/2021 prior to discussing burial containers
 - 4 You were advised that the law does not require embalming excent in certain special cases
 - 5 You were not advised that embalming is required for direct cremations, immediate burial, or a closed casket funeral without viewing or visitation if refrigeration is available. where state or local law does not require embalming in such cases
 - 6 You were not advised that any law requires a casket for direct cremation or that any container, other than an alternative container, is required for direct cremation.
 - 7 You were advised that state law does not require the purchase of an outer burial container or any of the funeral goods or services you selected except as set forth on your Statement of Funeral Goods and Services Selected/Purchase Agreement
 - 8 No claims were made to you as to the merchandise or services (embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from us would delay the decomposition of the remains for a long term or indefinite time, or that any such merchandise would protect the body from gravesite substances. No representations or warranties were made to you about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties if any, extended by the manufacturers of such goods. No other warranties were extended to you
 - 9 You were advised that the funeral firm's cost for the items listed in Part One, Section II, may be different based on volume or eash discounts or other professional trade customs where permitted by state or local law

NOTICES TO PURCHASER/CO-PURCHASER SEE OTHER SIDE FOR TERMS AND CONDITIONS THAT ARE PART OF THIS AGREEMENT. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. YOU ACKNOW LEDGE RECEIPT OF AN EXACT COPY OF THIS AGREEMENT. BY PROVIDING MY NUMBER, I AUTHORIZE SELLER TO CALL AND SEND TEXT MESSAGES TO THAT NUMBER, INCLUDING USING AUTOMATED DIALERS AND/OR RECORDED OR ARTIFICIAL VOICE. THESE MESSAGES MAY INCLUDE SURVEYS OR OTHER PROMOTIONAL MATERIALS. MESSAGE/DATA RATES APPLY, CONSENT IS NOT A CONDITION OF PURCHASE. NOTICE: BY SIGNING THIS AGREEMENT, THE PARTIES AGREE THAT ANY CLAIM THEY MAY HAVE AGAINST THE OTHER SHALL ONLY BE RESOLVED THROUGH ARBITRATION AND WILL NOT BE ASSERTED THROUGH A CLASS OR COLLECTIVE ACTION. THE PARTIES FURTHER AGREE TO GIVE UP THEIR RIGHT TO A COURT OR JURY TRIAL AS WELL AS THEIR RIGHT OF APPEAL.

ACCEPTED FOR SELLER:		Executed this day of September 20 21
iv:		Purchaser's Name (b)(6)
Print Name	License No	Purchaser's Signature
		Purchaser's Telephone No (b)(6)
ว้ายองเพง		Co-Purchaser's Name
		Co-Purchaser's Signature
		Co-Purchaser's Telephone No
I attest that I have completed/reviewed th	his document as required b	y the Company's SOX Key Control Checklist:
Print Name:	The second se	Title:
Signature:		Date:

09/20/2021 10:16:48

THEOTIS CONSIST. MANUAL

Lambert Funeral Home

400 Douglas Blvd Roseville, California 95678 (916) 783-0474 - Phone (916) 783-0485 - Fax FD 734

GENERAL PRICE LIST

These prices are effective as of July 9, 2021, but are subject to change without notice.

Prior to drafting any contract for goods or services, the responsible party or the decedent's survivor who is handling the funeral arrangements is entitled to receive a copy of any preneed agreement in the possession of the funeral establishment that has been signed and paid for, in full or in part, by or on behalf of the decedent.

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

BASIC SERVICES OF THE FUNERAL DIRECTOR AND STAFF AND OVERHEAD:

This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains.) This fee includes the following:

Personnel available 24 hours a day, 365 days a year to respond to initial call

Arrangement Conference

Coordinating service plans with cemetery, crematory, and/or other parties involved in the final disposition of the deceased

Preparation of necessary forms for governmental agencies.

Also covers overhead, including facility maintenance, equipment and inventory costs, liability insurance and governmental compliance costs.

PREPARATION OF THE BODY:

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

Embalming

\$3,005.00

\$995.00

TRANSPORTATION:	
Transfer to or from airport	<u>\$295.00</u>
(within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	
Transfer to or from crematory	\$100.00
Transfer of remains from place of death to funeral home	\$695.00
(within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	
Funeral vehicle (e.g. Hearse)	\$395.00
(within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	
Limousine	\$395.00
(within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	
Service vehicle	\$295.00
(within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	
FORWARDING REMAINS TO ANOTHER FUNERAL HOME:	
This charge includes use of preparation room, Basic Services of the Funeral Director and Staff,	\$3,115.00
Embalming, transportation to or from local airport or other place of shipment within a 40 mile	
radius, Transfer of remains from place of death to funeral home and obtaining necessary	
authorizations. This charge does not include visitation or ceremonies. This charge applies to shipment within the continental U.S. only.	
RECEIVING REMAINS FROM ANOTHER FUNERAL HOME:	
This charge includes Basic Professional Service Fees for Funeral Director and Staff when	\$1.895.00
Receiving Remains, transportation to or from local airport or other place of shipment within a 40	
mile radius, transportation of remains to cemetery or crematory and obtaining necessary	
authorizations. This charge does not include visitation or ceremonies.	

REQUEST FOR PAYMENT OF FU	JNERAL AND/OR IN	TERMENT EXPENSES	OMB N	pproved 5. 0704-0030 May 31, 2005
The public reparting burden for this collection of information gethering and maintaining the data needed, and completing ar of information, including suggestions for reducing the burden, that notwithstanding any other provision of law, no person a control number	to the Department of Defense.	ormation Send comments regarding this bu executive Services and Communications Direct	rden estimate or any o torate (C7C4-0030 , R	ther aspect of this collection aspondents should be aware
PLEASE DO NOT RETURN YOUR FORM TO TH	HE ABOVE ORGANIZATI	ON. RETURN COMPLETED FORM	TO THE ADDRE	SS IN ITEM 2.
	PRIVACY AC	TSTATEMENT		
AUTHORITY: 10 USC Sections 1481 throu PRINCIPAL PURPOSE: To record amount o ROUTINE USES: None. DISCLOSURE: Disclosure of requested info	of funeral and or intermer			
PAR	TI - TO BE COMPLETED	BY MILITARY AUTHORITIES		
1. MILITARY ACTIVITY PREPARING THIS FO	RM	2. MILITARY ACTIVITY FORM	IS TO BE MAILED	TO FOR PAYMENT
a. NAME		D. NAME		
Combat Logistics Battalion 23		US Navy & Marine Corps Me		
b. ADDRESS (Street, City, State and ZIP Code)		b. ADDRESS (Street, City, State an	d ZIP Code)	
8277 Elder Creek Cr, Sacramento, CA 958	28	Millington, TN		
3. NAME OF DECEDENT (Last, First, Middle Init. Gee, Nicole, L.	ial)	4. PAY GRADE/RANK E-5/Sergeant	5. SERVICE N	UMBER/SSN (6)
6. PLACE OF DEATH (City, State, Country)		a name and a set		EATH (YYYYMMDD)
Kabul, Afghanistan				0210826
8. NAME OF CLAIMANT (Last, First, Middle Init (b)(6)	ial)		9. RELATIONS	HIP
10. FUNERAL HOME AND/OR NATIONAL CEN	TERV		r-0-0	
a. NAME		b. ADDRESS (Street, City, State an	d ZIP Code)	
Lumbert Funurus hone		400 Douglas blud. Re	scuilk, CA,	95678
11. GOVERNMENT CONTRACT FOR CARE OF	REMAINS IN EFFECT A	T PLACE OF DEATH	NORDICIC COMPANY	
NO YES (Enter name of conti	racting activity)			
PART II - TO BE CO	MPLETED BY CLAIMAN	T (Proper completion will expedite	settlement.)	
a. Complete Items 12 and 13. b. Complete either Item 14, 15, or 16. (Do not complete more than one)	d. Attach copies of	7, when cost of shipment of remain bills for all amounts claimed. form to addressee shown in Item 2		tem 15 or as Item 16.
12. CEMETERY, MAUSOLEUM OR OTHER DIS				13. DATE OF
a. NAME	the second se	City, State and ZIP Code)		INTERMENT
Arlington National Cemetery	a Mensiol A Aflination, VA	I.R		(YYYYMMDD)
14. INTERMENT COSTS (To be completed wh Enter total amount paid or incurred for one grave, burial vault, church service or clergy's funeral director's facilities, and motor service.	en claimant arranged for e or more of the followin	interment only.) g: Cost of single grave site, open	ing and closing ncluding use of	AMOUNT CLAIMED
15. FUNERAL ARRANGEMENT COSTS (To be Enter total amount paid or incurred for one services, cremation and urn, clothing for dece burial vault, church service or clergy's fae, ob director's facilities, and motor service), and sh delivery from preparation point to common can home, and delivery to cemetery).	e or more of the followin ased, cost for interment ituary notice, flowers, se ipment of remains (remo	g: Casket, preservation (embalmi (single grave site, opening and clo rvices of funeral director, includin oval from place of death to prepare	g use of funeral ation point,	AMOUNT CLAIMED
16. SHIPPING COSTS OF REMAINS (To be co Enter total amount paid or incurred for on point, delivery from preparation point to comm funeral home, and delivery to cemetery.	e or more of the followin	g: Removal from place of death t	o preparation	AMOUNT CLAIMED
17. SHIPMENT OF REMAINS (Complete when si	hipping costs claimed.)	Letanskove augure L		J
s. SHIPPED FROM (City and State)	b. SHIPPED TO (City a	and State)	c. MODE OF SH	HEARSE
18. STATEMENT OF CLAIMANT: I have paid I desire that the amount allowable by the		the amounts entered in Items 14,	day birthe	L [REMASE
a. NAME OF PAYEE (Print of type)		CAGE CODE: 4VAB9	b. TAXPAYER	D NUMBER OR SSN
C. ADDRESS OF PAYEE IStreet. City. State and Z	IP Cader	d SIGNATURE OF CLAIMANT		. DATE SIGNED
400 DOUGIAS BIVD. Roseville, CA 950	078	(b)(6)		08/31/21

DD FORM 1375 OCT 2003 PREVIOUS EDITION IS OBSOLETE

(F	STATEMENT OF DISP Read Agency Disclosure Notice. Privacy Advis			g this form)	OMB No 0704-0581 OMB approval expires 01/31/2022
	F DECEASED (Last First Middle Initial)	2. SERV	ICE/GRADE OF DECEASED	3. D	CIPS CASE NUMBER
Gee, Nico	le, L.		E-5 Sergeant		
	AUTHORIZED TO DIRECT DISPOSITION (F				
a NAME (La (b)(6)	ast First Middle Inibal)	Ib. RELA	TIONSHIP TO DECEASED		ELEPHONE NUMBER (Include rea Code) (b)(6)
d CURREN (b)(6)	IT RESIDENCE ADDRESS (Street Anartment A	lumhar City Stala ar	d 710 Codel		
I the und presented an	ON OF DISPOSITION OPTIONS ersigned Person Authorized to Direct Disposit nd have selected disposition of remains as ind ns 1 - 4, may be provided by a civilian funeral	licated below. I uni	terstand that the embalming/pr	eparation, resto	ration, and casketing of remains.
OPTION 1	I authorize the Military to assume custody of selected in Block 8, and request transportati with subsequent interment/entombment in the I understand the reimbursement for expense	ion to be arranged, e CIVILIAN CEME	with escort, at government exp TERY listed in Block 7.	ense to the FUN	ERAL HOME listed in Block 6.
(Inibals)	0 000 00		nent, the Government will pay a	and the second sec	
OPTION 2	I authorize the Military to assume custody of		and the second se		
(b)(6)	selected in Block 8, and request transportati with subsequent interment/entombment in th I understand that the reimbursement for expo	e GOVERNMENT	CEMETERY (Federal/State) lis	sted in Block 7.	
(Initials)	1 000 00		nent, the Military will pay all ren		the second se
OPTION 3	I authorize the Military to assume custody of selected in Block 8, and request transportate interment/entombment in the GOVERNMEN I understand that the reimbursement for experi-	ion to be arranged. T CEMETERY (Fee enses incurred at th	with escort, at government exp leral/State) listed in Block 7.	ense with direct	consignment for
(Initials) OPTION 4	authorized expenses cannot exceed \$ 2.500 I authorize the Military to assume custody of				and the second second
(inibals)	CREMATION CASKET, with CREMATION to applicable statutory provisions. The Military Government expense. I understand that the reimbursement for experi- Option 1 or Option 2 (depending on the met the Government will reimburse the cremation	o be arranged by th will provide the urn enses incurred at th hod of dispositon o	e receiving FUNERAL HOME, selected in Block 9 and arrang e funeral home and cemetery a	listed in Block (ge transportation and other author	5, in accordance with all a of the casket and escort at ized expenses cannot exceed
OPTION 5	I desire to MAKE ALL ARRANGEMENTS for		remains If the remains are un	der the control o	(the DoD) direct the remains he
	released to the funeral home listed in Block reimbursement entitlements listed in (A) or (I of (A) below. Additionally, the Government v support provided by the Military Service wher (A) \$ 10,500.00 for interment/entor	6. Reimbursement 3), as applicable. If will reimburse all rer in choosing this opti- ombment in a CIVIL	for expenses associated with to the remains are cremated and nains transportation expenses. on. IAN CEMETERY.	he disposition o retained, the re	f the remains may not exceed the imbursement will not exceed that
(Inibals)	(B) \$ 9.000.00 for interment in a	GOVERNMENT C	EMETERY (Federal/State).		
OPTION 6	I HEREBY RELINQUISH MY RIGHTS to all of the remains will pass to the next person in that I have the legal right to make this author arise from this action. I further authorize the to the allowable limit, incurred in the dispositi	hierarchy by marria ization and release named individual to	age, blood relation, or adoption the DoD, its officers, agents, a apply for reimbursement of th	and whose nan nd employees fi e authorized rei	ne is listed below. I also certify rom any and all liability that may mbursable funeral expenses, up
	(Name/relationship)			_	
and Telepi Larbert 100 doug	NG FUNERAL HOME (Name Address (include 2 hone Number (Include Area Code) Funding home los 61vJ, Roseville, CA 95678 17-0474	(IP Code)	7. CEMETERY (or where fina (Name Address (include ZIF Arl 19ton National Ce 2 Minutial Aue Arl 19ton, VA 22211 277-907-8585	Code) and Telep	mains is to be effected) hone Number (Include Area Code)
8. CASKET	SELECTION (Not applicable to Options 4 or 5)	9. URN SELEC	TION (Applicable to Option 4)	10. I DESIR	RE MILITARY FUNERAL
<u> </u>	Steel with Silver Tone Finish	Solid Bronz		HONO	
	lardwood with Walnut Finish D OR PRINTED NAME OF PADD	Solid Waln		X YES	C. DATE
(b)(6)	D OR FRINTED NAME OF PADD	b. SIGNATURE	UT PADD		OF/31/21
12 2 TYPE (b)(6)	O OR PRINTED NAME OF WITNESS	h SIGNATURE	OF WITNESS		c. DATE 8-31-21
DD FORM	M 3045, JAN 2019	~			$=1(x+z^{-1}x)(z)^{-1}$

REPORT (OF C/	ASUALTY			2008 E Quantico,	U.S. MARINE Illiot Road VA 22134-510		S		r control symbol -P&R(AR)1664
				REPORT						2. DATE PREPARED
3. SERVICE IDENTI	FICAT	ON ON				Final				18 Sep 2021
a. NAME (Last, First, N					b. SOCIAL	SECURITY NO.	c. RANK	(d.	PAY GRADE	e. OCCUPATIONAL CODE/ RATING
Gee, Nicole Leea	ann				(b)(6)		SG	г	E-5	2841
f. COMPONENT		g. BRANCH		RGANIZAT						
Regular		USMC	24ti	h MEU, C	CLR 27, 2d	MLG, Camp	Lejeun	e, NC		
4. CASUALTY INFO		21 64 18		ATEOODY			CUAL TV		05 0401141 7/	
a. TYPE Hostile	b. STA	Deceased	c. C	ATEGORY Killed In	Action	26 Aug 202	1		OF CASUALTY	
f. CIRCUMSTANCES		Deceased		Tulled III	Action	20 Aug 20		rtabai, r	ignamotan	
÷	esult o	f blast and t	pallistic in	juries wh	ile conduct	ing Afghanis	tan non	-comba	tant evacuat	ion operations (PDC).
g. DUTY STATUS										h. BODY RECOVERED
Active Duty/On E										Yes
5. BACKGROUND I a. DATE OF BIRTH		CE OF BIRTH		÷.	Skilda		T	c. COUN	TRY OF CITIZEN	SHIP
01 May 1998	Vail, (d States
d. RACE	1									
White										
e. ETHNICITY										f. SEX
European/Anglo g. RELIGIOUS PREFE				·					· · · ·	Female
Christian, No De		ational Prefe	erence							
6. ACTIVE DUTY IN	IFORMA	TION					12			
a. PLACE OF ENTRY			b. DATE O	1. 20-12800.005/201000		RECORD AT TIME	OF ENTR	RY		
Sacramento MEF 7. INTERESTED PE			10 Oct		Sacrament		leet if ner	assau()		
WAR ON TERRO								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
**** End of Intere	ested F	Persons ****								
Items 1, 2, 4f, 8a	ı, 8b, a	nd 9 change	ed.							
2 Ber 3 Ber	neficiary f	es) for death gra or unpaid pay an	tuity - as desi d allowances	ignated on re - as designa	ecord of emerge ated on record o	ncy data. f emergency data.				
8. REPORTING INF	10 1 10 10 10 10 10									b. DATE RECEIVED
DD Form 2064 (ate of Death	1					-		17 Sep 2021
9. DISTRIBUTION DFAS, OSGLI, \	VA (Re	port # 096-2	21) JDE	Captain		MENT asualty Section	(b)(6)			
				NOTE: 1	This form may be or in the settlem	e used to facilitate ent of any other cla	the b ashir aim in whic	ng of bonds	, the payment of death is required.	commercial insurance,
DD FORM 1300	, FEB	2011			and a state of the second state of	EDITION MAY E				Adobe Professional 8.0

Century Aviation, Inc. DFFICE 888-833-5911 operations@centuryaviation.us Klamath Falls OR 97603

1	contur	1/	.*
U	9	Viali	ion
	C	- 414 a 5 5	560

Trìp	Customer	1.1.6	Aircraft			
AP092721	EAL Leasing		Dassault Falc (N297AP)	on 900B		
1.19.1		t entre e	••• *•; * •		ñ.h9d m	303 nut set to the supervised set and
KLMT	KLAMATH FA Mon, Sep 27t		0 am	→	KSMF	SACRAMENTO INTL Mon, Sep 27th 2021 9:36 am (+0)
Century Av	viation North	- 8888335	911		Capitol Jet C	enter - 916-428-8292
2850 Stins	son Way Klama	th Falls , C	R 97603		5885 Flightli	ne Cir Sacramento, CA 95837
(b)(6)	(PIC)	(b)(6)	(SIC)			
(b)(6)						
ting	2. j. j. j.				40.52.00	2021 Sings Ass.
KSMF	SACRAMENT Mon, Sep 27t		00 am	÷	KIAD	WASHINGTON DULLES INTL Mon, Sep 27th 2021 6:52 pm (+3)
Capitol Je	t Center - 910	5-428-8292	2		Jet Aviation	- 703-661-0150
5885 Fligh	tline Cir Sacra	mento, CA	95837		23411 Autop	ilot Drive Washington, VA 20166
(b)(6)	(PIC)	(b)(6)	(SIC)			
(b)(6)			(b)(6)			(b)(6)
Nicole Gee	•					

Modified 9/25/2021 12:39 pm by (b)(6) Powered By: AirplaneManager.com

Sgt Nicole Gee Honor Flight // 27.SEP 2021 // N297AP

Jon Rosati ^{(b)(6)} @emergencyairlift.com>

Sat 9/25/2021 12:45 PM

To:Laura Herzog (b)(6) @honoringourfallen.org>;

Cc:Mann, Branham(b)(6)@Sci-us.com>; Fortunato, Juliana(b)(6)@dignitymemorial.com>; McCue,Kimberly(b)(6)@Dignitymemorial.com>; Dispatch *Emergency Airlift* <info@emergencyairlift.com>;Katie(b)(6)

1 attachments (69 KB)

paxtripsheet-AP092721-20210927.pdf;

CAUTION: This email is from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning all,

Please find our schedule for this mission attached to include the airport pickup/delivery addresses for the respective Funeral Services. Below are the contacts for the ground logistics on each side. We will alert the airport FBO locations of the hearse arrivals, in order to gain access to the tarmac you will need to state the aircraft registration number (N297AP) at the gate intercom. Any issues, call the FBO directly using the contacts on the itinerary.

Please do not hesitate to reach out to me directly with questions or concerns, my contact details are below.

SACRAMENTO, CA

Kimberlv McCue (b)(6) @dignitymemorial.com

WASHINGTON DC

Juliana Fortunato (b)(6) @dignitymemorial.com

Branham Mann (^{b)(6)} <u>Idignitymemorial.com</u>

(b)(6)

	SED NAME:	Sgt Gee, Nicole 2nd		
	C	ASE TALLY WORKS	HEET	
	SERVICE	MERCHANDISE / SUPPLIES		TRANSPORTATION
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	PAID BY	\$1,190.00		
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6,000.00	OPTION 2	\$3,795.00	1	\$3,795.00
10,500.00	OPTION 5A	\$8,295.00		\$3,785.00
\$9,000.00	OPTION 5B	\$6,795.00		

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Previous edition usabl	and the second se							NSN 7540-00-900-223
		PRIVA t on this form is required under the pro t is to identify the particular creditor an		S.C. 82b and 82c, for the				APD PE v4.0

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REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES			oproved 5. 0704-0030 May 31, 2006	
The public reporting burden for this collection of information pathering and maintaining the data needed, and completing as information including suggestions for reducing the burden, that notwithstanding any other provision of law, no person a control number.	is estimated to everage 10 minutes per response, including traviewing the collection of information. Send commen to the Department of Defense, Executive Services and C hall be subject to any penalty for failing to comply with	ng the time for review its regarding this burg ammunications Direct a collection of inform	ving instructions, see den extimate or any o orate (C7C4-0030). R nation (F1 diss not d	rching existing date source ther aspect of this collection espondents should be awa isplay a currently vaid ON
PLEASE DO NOT RETURN YOUR FORM TO T	HE ABOVE ORGANIZATION. RETURN CON	PLETED FORM	TO THE ADDRES	SS IN ITEM 2.
	PRIVACY ACT STATEMENT			
ROUTINE USES: None.	ugh 1488; EO 9397. If funeral and or interment expenses incurre ormation is voluntary; however, if not furnis			
PAF	IT I - TO BE COMPLETED BY MILITARY AU	THORITIES		
1. MILITARY ACTIVITY PREPARING THIS FO	RM 2. MILITARY AC	TIVITY FORM IS	S TO BE MAILED	TO FOR PAYMEN
a. NAME	a. NAME			
Combat Logistics Battalion 23	US Navy & Ma	Child .	and the second se	
b. ADDRESS (Street, City, State and ZIP Code)	b. ADDRESS /Stre		ZIP Code)	
8277 Elder Creek Cr, Sacramento, CA 958	28 Millington, TN			
3. NAME OF DECEDENT (Last, First, Middle Init	iell 4. PAY GRADE	PANK	5. SERVICE NU	IMPED/CCM
Gee, Nicole, L.	E-5/Sci		b. SERVICE N(
6. PLACE OF DEATH (City. State, Country) Kabul, Afghanistan		3	7. DATE OF DEATH (YYYYMMDD) 20210826	
8. NAME OF CLAIMANT ILast, First, Middle Init	iall		9. RELATIONS	HIP
(b)(6)				
NO YES (Enter name of cont	REMAINS IN EFFECT AT PLACE OF DEAT	н		
a. Complete Items 12 and 13. b. Complete either Item 14, 15, or 16.	Acting activity) MPLETED BY CLAIMANT (Proper completion c. Complete Item 17, when cost of shi d. Attach copies of bills for all amounts	on will expedite a pment of remain s claimed.	and the second se	tem 15 or as Item 1
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	F DECEASED (Last First Middle Initial)	2. SERVICE/GRADE OF DECEASED	3. DCIPS C	ASE NUMBER
Gee, Nico		E-5/Sergeant		
the second se	AUTHORIZED TO DIRECT DISPOSITION (I ast. First. Middle Initial)	b. RELATIONSHIP TO DECEASED	C TELEPH	
o)(6)			Area Code	(b)(6)
)(6)	NT RESIDENCE ADDRESS (Street Apartment N	Number, City, State and 21P Code)		
I, the und resented an	nd have selected disposition of remains as ind ons 1 - 4, may be provided by a civilian funeral	tion (PADD), have been provided a MORTUARY dicated below. I understand that the embalming/p I home, under contract with the DoD, or a Mortuar	reparation, restoration, a	and casketing of remains
OPTION 1	selected in Block 8, and request transportat with subsequent interment/entombment in th	remains for embalming/preparation, restoration, a tion to be arranged, with escort, at government ex the CIVILIAN CEMETERY listed in Block 7. es incurred at the funeral home, cemetery and other	pense to the FUNERAL	HOME listed in Block 6.
(Initials)	\$ 9,000.00	aximum reimbursement, the Government will pay	all remains transportatio	n expenses.
рттом 2 b)(6)	selected in Block 8, and request transportat	remains for embalming/preparation, restoration, or ion to be arranged, with escort, at government exp	pense to the FUNERAL	
		he GOVERNMENT CEMETERY (Federal/State) li enses incurred at the funeral home, cemetery and		ses cannot exceed
(Initials)	(000 00	aximum reimbursement, the Military will pay all re	and the state of the	
OPTION 3	selected in Block 8, and request transportate interment/entombment in the GOVERNMEN I understand that the reimbursement for expo	remains for embalming/preparation, restoration, or ion to be arranged, with escort, at government exp T CEMETERY (Federal/State) listed in Block 7. enses incurred at the funeral home, cemetery, for 0.00	pense with direct consign	nment for
(Initials) OPTION 4	authorized expenses cannot exceed \$ 2,500	remains for embalming/preparation, restoration, c		
(Inibals)	applicable statutory provisions. The Military Government expense. I understand that the reimbursement for expe	o be arranged by the receiving FUNERAL HOME, will provide the urn selected in Block 9 and arran enses incurred at the funeral home and cemetery thod of dispositon of the urn) \$ n expenses.	ge transportation of the or and other authorized exp	casket and escort at penses cannot exceed
OPTION 5	released to the funeral home listed in Block reimbursement entitlements listed in (A) or (8	r the disposition of remains. If the remains are un 6. Reimbursement for expenses associated with B), as applicable. If the remains are cremated an will reimburse all remains transportation expenses in choosing this option.	the disposition of the ren d retained, the reimburse	mains may not exceed the ement will not exceed the
(Initials)	(A) \$ 10,500.00 for interment/ento	ombment in a CIVILIAN CEMETERY. GOVERNMENT CEMETERY (Federal/State).		
(Inibals) OPTION 6 (Inibals)	(A) \$ 10,500.00 for interment/ento (B) \$ 9,000.00 for interment in a I HEREBY RELINQUISH MY RIGHTS to all of the remains will pass to the next person in that I have the legal right to make this author arise from this action. I further authorize the		n and whose name is list and employees from any ne authorized reimbursat	ed below. I also certify and all liability that may ble funeral expenses. up
(Inibals) (Inibals) and Telepi and bert	(A) \$ 10,500.00 for interment/ento (B) \$ 9,000.00 for interment in a I HEREBY RELINQUISH MY RIGHTS to all of the remains will pass to the next person in that I have the legal right to make this author arise from this action. I further authorize the to the allowable limit, incurred in the dispositi	GOVERNMENT CEMETERY (Federal/State). decisions regarding the disposition of the remains hierarchy by marriage, blood relation, or adoption rization and release the DoD, its officers, agents, a named individual to apply for reimbursement of th ion of these remains. By law, the new PADD to w	n and whose name is list and employees from any he authorized reimbursal from the authority to dire al disposition of remains is to P Code) and Telephone Nui	ted below. I also certify and all liability that may ble funeral expenses, up ect disposition passes is to be effected)
(Initials) (Initials) and Telepi an bert 00 doug 116 - 78 CASKET	(A) \$ 10,500.00 for interment/ento (B) \$ 9,000.00 for interment in a I HEREBY RELINQUISH MY RIGHTS to all of the remains will pass to the next person in that I have the legal right to make this author arise from this action. I further authorize the to the allowable limit, incurred in the dispositi (Name/relabonship): ING FUNERAL HOME (Name. Address (include 2) hone Number (Include Area Code) Fund fund. Inor 610-J, Rescuille, CA 95678	GOVERNMENT CEMETERY (Federal/State). decisions regarding the disposition of the remains hierarchy by marriage, blood relation, or adoption ization and release the DoD, its officers, agents, it named individual to apply for reimbursement of the ion of these remains. By law, the new PADD to we (Name Address (include 20) Arl 15/cn, Material Co 2, Memorial Ave Arl 15/cn, VA 22211	n and whose name is list and employees from any he authorized reimbursal from the authority to dire al disposition of remains is to P Code) and Telephone Nui	ted below. I also certify and all liability that may ble funeral expenses, up ect disposition passes is to be effected) mber (Include Area Code)
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(Initials) (Initials) 6. RECEIVI and Telepi -ar birt 00 doug 16 - 78 8. CASKET 18-GA Solid H	(A) \$ 10,500.00 for interment/ento (B) \$ 9,000.00 for interment in a I HEREBY RELINQUISH MY RIGHTS to all of the remains will pass to the next person in that I have the legal right to make this authorize arise from this action. I further authorize the to the allowable limit, incurred in the dispositi (Name/relabonship): ING FUNERAL HOME (Name. Address (include 2) hone Number (Include Area Code) Funder fund for 61vJ, Rescville, CA 95678 37 - 0474 T SELECTION (Not applicable to Options 4 or 5) Steel with Silver Tone Finish	GOVERNMENT CEMETERY (Federal/State). decisions regarding the disposition of the remains interarchy by marriage. blood relation, or adoption ization and release the DoD, its officers, agents, is named individual to apply for reimbursement of the ion of these remains. By law, the new PADD to we (Name Address (include 211 Arl 13 fcn, National C) 2. Mercerial Ave Arl 13 fcn, VA 22211 277 - 407 - 8585 9. URN SELECTION (Applicable to Option 4) Solid Bronze	n and whose name is list and employees from any ne authorized reimbursal from the authority to dire al disposition of remains is t P Code) and Telephone Nui ene for y 10. I DESIRE MILL HONORS:	ted below. I also certify and all liability that may ble funeral expenses, up ect disposition passes is to be effected) mber (Include Area Code) TARY FUNERAL

REPORT OF CASUALTY	HEADQUARTERS, U.S. MARINE CORPS 2008 Elliot Road Quantico, VA 22134-5103			1.00-1.5	REPORT CONTROL SYMBOL DD-P&R(AR)1664	
	1. REPORT TYPE Final				2. DATE PREPARED 18 Sep 2021	
3. SERVICE IDENTIFICATION a. NAME (Last, First, Middle and Suffix)	15	SOCIAL SECURITY NO.	c. RANK	d. PAY GRADE	8. OCCUPATIONAL COD	
Gee, Nicole Leeann		(b)(6)	SGT	E-5	RATING 2841	
f. COMPONENT g. BRANCH	. ORGANIZATION			and the second second	1	
Regular USMC 2 4. CASUALTY INFORMATION	24th MEU, CLR	27, 2d MLG, Camp	Lejeune,	NC		
	. CATEGORY	d. DATE OF CA	SUALTY e.	PLACE OF CASUAL	ſY	
Hostile Deceased	Killed In Acti	ion 26 Aug 202	21 K	abul, Afghanista	n	
g. DUTY STATUS Active Duty/On Duty					h. BODY RECOVER Yes	
5. BACKGROUND INFORMATION						
a. DATE OF BIRTH b. PLACE OF BIRTH 01 May 1998 Vail, CO			c.	COUNTRY OF CITIZE	ENSHIP ted States	
d. RACE						
White					1	
e. ETHNICITY European/Anglo					f. sex Female	
g. RELIGIOUS PREFERENCE						
Christian, No Denominational Preference 6. ACTIVE DUTY INFORMATION	k					
	E OF ENTRY C. H					
a. PLAGE OF ENTRY	EUFENINI C. H	OME OF RECORD AT TIME	E OF ENTRY			
Sacramento MEPS, CA 10 (7. INTERESTED PERSONS/REMARKS (Name, Ad WAR ON TERRORISM / OPERATION F	Oct 2017 Sac	cramento, CA ip) (Continue on separate sh				
Sacramento MEPS, CA 10 (7. INTERESTED PERSONS/REMARKS (Name, Ad WAR ON TERRORISM / OPERATION FI (b)(6) ***** End of Interested Persons **** Items 1, 2, 4f, 8a, 8b, and 9 changed. FOOTNOTES: 1 Primary next-of-kin.	Oct 2017 Sac Idress, and Relationshi REEDOM'S SEI	cramento, CA ip) (Continue on separate st NTINEL	neet, if neces			
Sacramento MEPS, CA 10 (7. INTERESTED PERSONS/REMARKS (Name, Ad WAR ON TERRORISM / OPERATION FI (b)(6) ***** End of Interested Persons **** Items 1, 2, 4f, 8a, 8b, and 9 changed. FOOTNOTES: 1 Primary next-of-kin. 2 Beneficiary(ies) for death gratuity - as 3 Beneficiary for unpaid pay and allowar 8. REPORTING INFORMATION	Oct 2017 Sac Idress, and Relationshi REEDOM'S SEI	cramento, CA ip) (Continue on separate st NTINEL	neet, if neces			
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Sacramento MEPS, CA 10 (7. INTERESTED PERSONS/REMARKS (Name, Ad WAR ON TERRORISM / OPERATION FI (b)(6) ***** End of Interested Persons **** Items 1, 2, 4f, 8a, 8b, and 9 changed. FOOTNOTES: 1 Primary next-of-kin. 2 Beneficiary(ies) for death gratuity - as 3 Beneficiary for unpaid pay and allowar 8. REPORTING INFORMATION	designated on record nces - as designated o	of emergency data. on record of emergency data	нееt, if neces:		b. DATE RECEIVED	
Sacramento MEPS, CA 10 (7. INTERESTED PERSONS/REMARKS (Name, Ad WAR ON TERRORISM / OPERATION FI (b)(6) ***** End of Interested Persons **** Items 1, 2, 4f, 8a, 8b, and 9 changed. FOOTNOTES: 1 Primary next-of-kin. 2 Beneficiary(ies) for death gratuity - as 3 Beneficiary for unpaid pay and allowar 8. REPORTING INFORMATION a. COMMAND AGENCY DD Form 2064 Certificate of Death 9. DISTRIBUTION	designated on record nees - as designated o E 10. SIGNATI Captain (b)(Operations (of emergency data. on record of emergency data URE ELEMENT (6)	(b)(6)	sary)	, 17 Sep 2021	

SENERAL PRICELIST

Murphy Funeral Homes

4510 Wrison Bourevard - Ingrum VA 20203 - 713-931-4651 Weiwinf und Intre-Empires tom

Every Detail Remembered

Dignity

Dignity Memorial & professionals honor every life with passion expertise and attention to detail that is second to none. And we stand behind that promise with a 100% Service Guarantee

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RECEIVING REMAINS FROM ANOTHER FUNERAL HOME	
CORWARDING REMAINS TO ANOTHER FUNERAL HOME this charge includes use of preparation room, Basic Professional Service Fee when Forwarding temains, Embalming, transportation to or from local airport or other place of shipment within a 15 nile radius, Transfer of remains from place of death to funeral home and obtaining necessary uthorizations. This charge does not include visitation or ceremonies. This charge applies to hipment within the continental U.S. only.	\$4,995
(within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	
ransfer to or from airport	\$499
(within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	
Iternative Vehicle	\$995
(within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	1.00
lower Vehicle	\$295
(within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	****
uneral vehicle (e.g. Hearse)	\$695
imousine (up to 4 hours within a 15 mile radius. Additional distance will be charged at \$3.50 per mile and/or \$150.00 for each additional hour or portion thereof.)	\$595
(within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	1.10
ransfer of remains from place of death to funeral home	\$799

This charge includes Basic Professional Service Fees when Receiving Remains, transportation to or from local airport or other place of shipment within a 15 mile radius, transportation of remains to cemetery or crematory and obtaining necessary authorizations. This charge does not include visitation or ceremonies.

🖀 Detail Report

	CLFIMV21D4UAB	Status:	PAID
Delivery Order Number:	9429		
nvoice Number:	GEENICOLE1	<u>Reason</u> :	F
Shipment Number:		Remarks :	
CLIN:		Fuel Lift Date:	
ACRN:		Quantity Paid:	.00
nvoice Amount:	3,395.00	Unit Price:	.00
Freight:	.00	UM:	
nterest:	.00	Issue Date:	11-OCT-21
Discount:	.00	Received Date:	11-OCT-21
Fax Withheld:	.00	Acceptance Date:	26-OCT-21
Adjustment 1:	.00	Last Action Date:	
Adjustment 2:	.00	Payment Due Date:	26-NOV-21
nvoice Amount Paid:	3,395.00	Actual Payment Date:	29-OCT-21
Check/EFT Amount:	27,097.34	Voucher Number:	1JF9WPX
nterest Reason :			
Adjustment Reason 1 :		Trace Number:	041036004405385
Adjustment Reason 2 :		Check Number:	
CAGE Code:	4UAB9	Currency:	US DOLLAR
DUNS Code:	147251511	Processing Site:	NORFOLK VIRGINIA
Account Number:		DSSN:	8522
Payee Name:	SCI SHARED RESOURCES LLC	VAT Form:	
Address:	SCI MANAGEMENT 1929 ALLEN PARKWAY HOUSTON TX 77019-2506		
/oucher Remarks:			
Description:	PAID		
Recommended Action: Allow 2 Business Days for the Deposit to Post to your Bank UEID:			

🖀 Detail Report

	CLFIMV21D4UAB	Status:	PAID
Delivery Order Number:	9406		
nvoice Number:	GEENICOLE	<u>Reason</u> :	F
Shipment Number:		Remarks :	
CLIN:		Fuel Lift Date:	
ACRN:		Quantity Paid:	.00
nvoice Amount:	4,460.03	Unit Price:	.00
Freight:	.00	UM:	
nterest:	.00	Issue Date:	21-SEP-21
Discount:	.00	Received Date:	21-SEP-21
Fax Withheld:	.00	Acceptance Date:	26-OCT-21
Adjustment 1:	.00	Last Action Date:	
Adjustment 2:	.00	Payment Due Date:	26-NOV-21
nvoice Amount Paid:	4,460.03	Actual Payment Date:	03-NOV-21
Check/EFT Amount:	31,063.41	Voucher Number:	1KF9BTR
nterest Reason :			
Adjustment Reason 1 :		Trace Number:	041036000770131
Adjustment Reason 2 :		Check Number:	
CAGE Code:	4UAB9	Currency:	US DOLLAR
DUNS Code:	147251511	Processing Site:	NORFOLK VIRGINIA
Account Number:		DSSN:	8522
Payee Name:	SCI SHARED RESOURCES LLC	VAT Form:	
Address:	SCI MANAGEMENT 1929 ALLEN PARKWAY HOUSTON TX 77019-2506		
/oucher Remarks:			
Description:	PAID		
Recommended Action: JEID:	Allow 2 Business Days for the Deposit to Post f	o your Bank	

(b)(6)

From:	Laura Herzog ^{(b)(6)} @honoringourfallen.org>
Sent:	Tuesday, July 25, 2023 5:02 PM
То:	(b)(6)
Subject:	[URL Verdict: Unknown][Non-DoD Source] Re: RFI Regarding Sgt Nicole Gee

The dozens of calls are flooding in! I have only answered one call and said no we do not wish to comment due to the sensitivity of the information.

I have dedicated my life to supporting Casualty Missions and I would like to continue communication regarding how to move forward with this situation.

A Hero Remembered....Never Dies, Laura Herzog Founder, CEO, Director of Programs 714-904-0253 www.honoringourfallen.org

From ^{(b)(6)} @usmc.mil> Sent: Tuesday, July 25, 2023 12:25:09 PM To: Laura Herzog ^{(b)(6)} @honoringourfallen.org> Subject: RE: RFI Regarding Sgt Nicole Gee

Good afternoon Ma'am,

I was just sent this by my leadership. Wanted you to see it FYSA...

https://www.foxnews.com/us/family-forced-pay-ship-body-marine-killed-after-pentagon-policy-change-egregiousinjustice

Semper Fidelis, Respectfully,

(b)(6)

Operations Officer, Casualty Section (MFPC) Manpower & Reserve Affairs Headquarters, U.S. Marine Corps Casualty Main: (703)784-9512 Office Direct ^{(b)(6)} Gov Mobile: Fax: (703)784-9827

This email may contain CUI information which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this information may result in disciplinary action, criminal, and/or civil penalties.

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From: (b)(6)

Sent: Tuesday, July 25, 2023 10:21 AM To: (b)(6) @honoringourfallen.org Subject: RFI Regarding Sgt Nicole Gee

Good Morning Ma'am,

I hope this finds you well. I oversee Casualty Operations for the Marine Corps. I'm privy to most information regarding our deceased members, but am attempting to field some requests for information from Congress.

In the case of Sgt Gee, I was informed by ^{(b)(6)} that when her remains were transported to Arlington National Cemetery it was coordinated thru your office due to a conflict where payment would have been necessary. I'm reaching out to request the official organization or person(s) that were involved in the transportation of remains so we can close out portions of her case and the inquiry regarding reimbursement for associated expenses.

My work cell is below and the best method to reach me, regardless of the hour. Thank you in advance for any information you may be able to provide!

Semper Fidelis, Respectfully,

(b)(6)

Operations Officer, Casualty Section (MFPC) Manpower & Reserve Affairs Headquarters, U.S. Marine Corps Casualty Main: (703)784-9512 Office Direct ^{(b)(6)} Gov Mobile: Fax: (703)784-9827

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From:	Laura Herzog ^{(b)(6)} @honoringourfallen.org>
Sent:	Wednesday, July 26, 2023 3:49 PM
То:	(b)(6)
Subject:	[URL Verdict: Neutral][Non-DoD Source] Re: USMC Draft Response

Received and much appreciated. Please let me know if you have any changes to my personal statement release so I can get it out.

FYSA many donations via our website have been made by new donors and we will be sending the personal statement along with a note with refund option to all whom have dona.ted to Honoring Our Fallen since the story broke.

A Hero Remembered.....Never Dies Laura Herzog Founder & CEO 714-904-0253 www.honoringourfallen.org

From: ^{(b)(6)} Sent: Wednesday, July 26, 2023 12:38 PM To: Laura Herzog Subject: USMC Draft Response

Laura,

(b)(6)

Our COMMSTRAT forwarded below for review. It's being returned favorably for other offices to review before release.

Forwarded for SA, as there are potentially other versions from other offices along the same lines.

"The recent article published by Fox News' Michael Lee regarding the transportation of the remains of Sgt Nicole Gee is inaccurate. Title 10 and DoD policy regarding the transportation and mortuary services is clear and consistently applied for all deceased service members. In the case of Sgt Gee, disposition decisions were made by (b)(6) and designated PADD (b)(6) Pursuant to Section 580A of Public Law 116-92, the remains of Sgt Gee were transported from Dover AFB to California via military contract air, Kalitta Air, LLC. Per Title 10, Section 1482 (Expenses Incident to Death), the selection of two places (referred to as stopover), the travel and transportation allowances permits the Secretary concerned to pay for transportation to the second place only by means of reimbursement. Sgt Gee's remains were transported from California to Arlington National Cemetery via "Emergency Airlift" (Air Ambulance | Emergency Airlift | United States) through direct coordination between "Honoring Our Fallen" and the CACO/PADD. Like many other organizations at that time, the offer of assistance and free services in support of the families of the fallen was common. Although the PADD was aware commercial air transportation from California to Arlington would be covered as a reimbursable through his contracted Funeral Home, the PADD elected to utilize the offer of private air transport to the place of final disposition. The PADD neither incurred any expenses nor solicited non-governmental assistance for the transportation of Sgt Gee's remains."

Semper Fidelis, Respectfully,

(b)(6)

Operations Officer, Casualty Section (MFPC) Manpower & Reserve Affairs Headquarters, U.S. Marine Corps Casualty Main: (703)784-9512 Office Direct^{(b)(6)} Gov Mobile: Fax: (703)784-9827

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