

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

Form Approved
OMB No. 0704-0030
Expires May 31, 2006

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0030). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488; EO 9397.

PRINCIPAL PURPOSE: To record amount of funeral and/or interment expenses incurred by next of kin.

ROUTINE USES: None.

DISCLOSURE: Disclosure of requested information is voluntary; however, if not furnished, claim cannot be paid.

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM		2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT	
a. NAME Combat Logistics Battalion 23		a. NAME US Navy & Marine Corps Mortuary Affairs	
b. ADDRESS (Street, City, State and ZIP Code) 8277 Elder Creek Cr, Sacramento, CA 95828		b. ADDRESS (Street, City, State and ZIP Code) Millington, TN	
3. NAME OF DECEDENT (Last, First, Middle Initial) Gee, Nicole, L.		4. PAY GRADE/RANK E-5/Sergeant	5. SERVICE NUMBER/SSN (b)(6)
6. PLACE OF DEATH (City, State, Country) Kabul, Afghanistan		7. DATE OF DEATH (YYYYMMDD) 20210826	
8. NAME OF CLAIMANT (Last, First, Middle Initial) (b)(6)		9. RELATIONSHIP	
10. FUNERAL HOME AND/OR NATIONAL CEMETERY			
a. NAME Lambert funeral home		b. ADDRESS (Street, City, State and ZIP Code) 400 Douglas Blvd. Roseville, CA, 95678	

11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH
 NO YES (Enter name of contracting activity)

PART II - TO BE COMPLETED BY CLAIMANT (Proper completion will expedite settlement.)

a. Complete Items 12 and 13. c. Complete Item 17, when cost of shipment of remains is claimed in Item 15 or as Item 16.
 b. Complete either Item 14, 15, or 16. d. Attach copies of bills for all amounts claimed.
 (Do not complete more than one.) e. Mail completed form to addressee shown in Item 2.

12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION		13. DATE OF INTERMENT (YYYYMMDD)
a. NAME Arlington National Cemetery	b. ADDRESS (Street, City, State and ZIP Code) L Memorial Ave Arlington, VA 22211	
14. INTERMENT COSTS (To be completed when claimant arranged for interment only.) Enter total amount paid or incurred for one or more of the following: Cost of single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service.		AMOUNT CLAIMED \$
15. FUNERAL ARRANGEMENT COSTS (To be completed when claimant made all arrangements.) Enter total amount paid or incurred for one or more of the following: Casket, preservation (embalming) and related services, cremation and urn, clothing for deceased, cost for interment (single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service), and shipment of remains (removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery).		AMOUNT CLAIMED \$
16. SHIPPING COSTS OF REMAINS (To be completed when claimant paid or incurred cost for shipment of remains.) Enter total amount paid or incurred for one or more of the following: Removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery.		AMOUNT CLAIMED \$
17. SHIPMENT OF REMAINS (Complete when shipping costs claimed.)		
a. SHIPPED FROM (City and State)	b. SHIPPED TO (City and State)	c. MODE OF SHIPMENT (X one) <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE
18. STATEMENT OF CLAIMANT: I have paid or incurred expenses in the amounts entered in Items 14, 15, and/or 16. I desire that the amount allowable by the Government be paid to:		
a. NAME OF PAYEE (Print or type)	CAGE CODE: _____	b. TAXPAYER ID NUMBER OR SSN
c. ADDRESS OF PAYEE (Street, City, State and ZIP Code)	d. SIGNATURE OF CLAIMANT (b)(6)	a. DATE SIGNED 08/31/21

STATEMENT OF DISPOSITION OF MILITARY REMAINS

(Read Agency Disclosure Notice, Privacy Advisory, and Instructions on Page 2 before completing this form.)

OMB No 0704-0581
OMB approval expires
01/31/2022

1. NAME OF DECEASED <i>(Last, First, Middle Initial)</i> Gee, Nicole, L.	2. SERVICE/GRADE OF DECEASED E-5/Sergeant	3. DCIPS CASE NUMBER
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4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME <i>(Last, First, Middle Initial)</i> (b)(6)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER <i>(Include Area Code)</i> (b)(6)

d. CURRENT RESIDENCE ADDRESS *(Street, Apartment Number, City, State and ZIP Code)*
(b)(6)

5. SELECTION OF DISPOSITION OPTIONS
I, the undersigned Person Authorized to Direct Disposition (PADD), have been provided a **MORTUARY BRIEFING** and I understand each of the options presented and have selected disposition of remains as indicated below. I understand that the embalming/preparation, restoration, and casketing of remains, under **Options 1 - 4**, may be provided by a civilian funeral home, under contract with the DoD, or a Mortuary operated by the Department of the Army, Navy, or Air Force.

OPTION 1	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the CIVILIAN CEMETERY listed in Block 7 . I understand the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ <u>9,000.00</u> . In addition to this maximum reimbursement, the Government will pay all remains transportation expenses.
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OPTION 2	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ <u>6,000.00</u> . In addition to this maximum reimbursement, the Military will pay all remains transportation expenses.
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OPTION 3	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense with direct consignment for interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery, for the transportation of remains, and other authorized expenses cannot exceed \$ <u>2,500.00</u> .
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OPTION 4	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in a WOOD CREMATION CASKET , with CREMATION to be arranged by the receiving FUNERAL HOME , listed in Block 6 , in accordance with all applicable statutory provisions. The Military will provide the urn selected in Block 9 and arrange transportation of the casket and escort at Government expense. I understand that the reimbursement for expenses incurred at the funeral home and cemetery and other authorized expenses cannot exceed Option 1 or Option 2 (depending on the method of disposition of the urn) \$ _____. In addition to this maximum reimbursement, the Government will reimburse the cremation expenses.
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OPTION 5	I desire to MAKE ALL ARRANGEMENTS for the disposition of remains. If the remains are under the control of the DoD, I direct the remains be released to the funeral home listed in Block 6 . Reimbursement for expenses associated with the disposition of the remains may not exceed the reimbursement entitlements listed in (A) or (B) , as applicable. If the remains are cremated and retained, the reimbursement will not exceed that of (A) below. Additionally, the Government will reimburse all remains transportation expenses. Refer to the instruction page of this form for support provided by the Military Service when choosing this option. (A) \$ <u>10,500.00</u> for interment/entombment in a CIVILIAN CEMETERY . (B) \$ <u>9,000.00</u> for interment in a GOVERNMENT CEMETERY (Federal/State) .
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OPTION 6	I HEREBY RELINQUISH MY RIGHTS to all decisions regarding the disposition of the remains and understand that the right to direct disposition of the remains will pass to the next person in hierarchy by marriage, blood relation, or adoption and whose name is listed below. I also certify that I have the legal right to make this authorization and release the DoD, its officers, agents, and employees from any and all liability that may arise from this action. I further authorize the named individual to apply for reimbursement of the authorized reimbursable funeral expenses, up to the allowable limit, incurred in the disposition of these remains. By law, the new PADD to whom the authority to direct disposition passes is <i>(Name/relationship)</i> : _____
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6. RECEIVING FUNERAL HOME <i>(Name, Address (include ZIP Code) and Telephone Number (Include Area Code))</i> Lambert Funeral Home 400 Douglas Blvd, Roseville, CA 95678 916-783-0474	7. CEMETERY <i>(or where final disposition of remains is to be effected)</i> <i>(Name, Address (include ZIP Code) and Telephone Number (Include Area Code))</i> Arlington National Cemetery 2 Memorial Ave Arlington, VA 22211 77-907-8585
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8. CASKET SELECTION <i>(Not applicable to Options 4 or 5)</i> <input checked="" type="checkbox"/> 18-GA Steel with Silver Tone Finish <input type="checkbox"/> Solid Hardwood with Walnut Finish	9. URN SELECTION <i>(Applicable to Option 4)</i> <input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut	10. I DESIRE MILITARY FUNERAL HONORS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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11.a. TYPED OR PRINTED NAME OF PADD (b)(6)	b. SIGNATURE OF PADD	c. DATE 08/31/21
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12.a. TYPED OR PRINTED NAME OF WITNESS (b)(6)	b. SIGNATURE OF WITNESS	c. DATE 8-31-21
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**DISPOSITION OF REMAINS ELECTION STATEMENT
INITIAL NOTIFICATION OF IDENTIFIED PARTIAL REMAINS**

OMB No. 0704-0581
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PLEASE RETURN THIS FORM TO ODASD MC&FP; ATTN: CASUALTY; 4000 DEFENSE PENTAGON; WASHINGTON DC 20301-4000.

PRIVACY ADVISORY

With this form the Department of Defense asks you to document your decisions about the remains of your Service Member. This process includes providing your name and contact information as well as your relationship to the service member. This collection is authorized by 10 U.S.C. 1481 through 1488, and this form will be filed in the Defense Casualty Information Processing System (DCIPS) as part of the service members Individual Deceased Personnel File (IDPF), covered by following Department of the Army System of Record Notice:

[\(https://dpcidd.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/\)](https://dpcidd.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/).

Completing this form is voluntary. However, without completing the form, your choices regarding your service member may not be documented or complied with.

1. NAME OF DECEASED <i>(Last, First, Middle Initial)</i> Gee, Nicole, L.	2. SERVICE/GRADE OF DECEASED USMC/E-5	3. DCIPS CASE NUMBER
4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME <i>(Last, First, Middle Initial)</i> (b)(6)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER <i>(Include Area Code)</i> (b)(6)
d. CURRENT RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i> (b)(6)		

5. SELECTION OF DISPOSITION OPTIONS
I, the undersigned, understand that every effort is being made for the full recovery of remains, but only partial remains have been recovered and identified at this time. I am aware that additional subsequent remains may be recovered at a later date and individually identified or designated for inclusion with a group. I elect the following options from the applicable sections below.
NOTE: Always complete Sections I and II.

SECTION I - ELECTION FOR CURRENTLY RECOVERED REMAINS

OPTION 1 (b)(6) <i>(Initials)</i>	I would like to receive the identified incomplete remains at this time.
OPTION 2 <i>(Initials)</i>	I would like to have the incomplete remains temporarily held until other substantial remains believed to be from the deceased are identified. I understand that this process can take up to a week or more.

SECTION II - ELECTION FOR CURRENTLY RECOVERED REMAINS

OPTION 1 (b)(6) <i>(Initials)</i>	In the event that additional remains are individually identified, I would like to be notified and given the choice of accepting subsequent portions for disposition.
OPTION 2 <i>(Initials)</i>	In the event that additional remains are individually identified, I DO NOT want to be notified. I authorize the Army, Marine Corps, Navy, Air Force or Coast Guard to make appropriate disposition. Appropriate disposition is accomplished by the portions of remains being cremated. The cremated remains will then be placed in a Sea Salt Urn and the Sea Salt Urn will be taken out to sea on a U.S. Navy or U.S. Coast Guard vessel where the urn will be placed into the ocean. The urn will dissolve resulting in the cremated remains being disposed of at sea. This process is referred to as Retirement at Sea.

AUTHORIZATION AND SIGNATURES

6. a. SIGNATURE OF PADD (b)(6)	b. DATE 20210901
7. a. TYPED OR PRINTED NAME OF WITNESS (b)(6)	b. SIGNATURE OF WITNESS
	c. DATE 20210901

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

X (b)(6) Digitally signed by (b)(6) Date: 2021.09.04 11:36:57 -04'00'
Marine Liaison Signature/Date

X (b)(6) Digitally signed by (b)(6) Date: 2021.09.04 15:28:15 -04'00'
Embalmer's Signature/Date

X _____
Admin Staff Signature/Date

Transportation Options: Mil-Air Contract (Kalitta) Commercial Hearse

Other: Sacramento International Airport

Airport Requested: SMF City and State: Sacramento, CA

Police Escort Departing AFMAO? Yes No

Urn Request: Yes No Urn Type: Bronze Wood Request Submitted Yes No

Number of Escort(s): 1

Name: (b)(6) DOB: (b)(6) Cell Phone #: (b)(6)
For Kalitta

Name: _____ DOB: _____ Cell Phone #: _____
For Kalitta

Stop-over Authorized: 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: 8 # in Family 6 POC/CACO: (b)(6)

AIRCRAFT ITINERARY



Trip No	(b)(6)	Trip Date (Zulu)	09/16/21
Aircraft		Available (Zulu)	09/16/21 10:30
Trip Type	Cargo	Tail Number	TBA
Dispatcher	(b)(6)	Captain	
F/O		ACM	

Customer Name	DOVER AIR FORCE BASE	Phone	302-677-2362
Bill Address	116 PURPLE HEART DRIVE	Fax	302-677-2911
City / State / Zip	DOVER AFB DE 19902	Alternate	
Contact Name	Afamo	Control #	GEE / (b)(6)

Pick Up

Location DOVER AFB DE **Airport** DOV
FBO Base Operations @ 302-677-2861 2.
 F/302-677-2922
 442 13th street
 Dover, DE 19902

Drop Off

Location SACRAMENTO CA **Airport** SMF
FBO Capital Jet Center- SMF @ 916-428-8292
 x1-3. F/916-646-6747
 5885 Flightline Circle
 Sacramento, CA 95837

Location PALM SPRINGS CA **Airport** PSP
FBO SIGNATURE FLIGHT SUPPORT @
 760-327-1201. F/760-327-5081
 250 North El Cielo Rd
 Palm Spings, CA 92262

Passenger and Patient Manifest

No.	Count	Weight	D/O/B	Name	Doc Number	Doc Type	Exp	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)	<input type="checkbox"/>	<input type="checkbox"/>
<u>4</u>	1	0	87x32x23	HR - Cpl Hunter Lopez	USMC (PSP)	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL		0					

Route for KFS

Leg	From	To	ETD UTC	ETD LOCAL	ATD UTC	ATD LCL	Fit. T.	ETA UTC	ETA LCL	ATA UTC	ATA LCL
1	DOV	GYG	09/16/21 10:30	09/16/21 06:30			2+10	12:40	07:40		
2	GYG	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.fly charter.com Click on Flight Search and use Call Sign KFS in the Advanced Search section then click on Search

DECEASED NAME:

Sgt Gee, Nicole USMC/ACTIVE

CASE TALLY WORKSHEET

SERVICE		MERCHANDISE / SUPPLIES		TRANSPORTATION	
1	\$1,895.00	1	\$2,450.00	1	\$395.00
2	\$495.00	2	\$672.03	2	\$295.00
3		3	\$143.00	3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
		<i>MER/SUP AMOUNT DEDUCTED</i>		24	
		\$1,885.00		25	

A. SERVICE TOTAL:
\$2,390.00

B: MERCHANDISE / SUPPLIES TOTAL:
\$1,380.03

TRANSPORTATION TOTAL:
\$690.00

SVC \$2,390.00
SUP \$3,265.03

ASSIGNED CS MGR
PAID BY

SECTION A & B TOTAL:
\$3,770.03

TOTAL-TRANS
\$690.00

TRANSPORTATION TOTAL:
\$690.00

TOTAL:
\$4,460.03

MINUS		A&B TOTAL MINUS TRANS - FAMILY ALLOTMENT PAID OR OWED	REMAINING ON ENTITLEMENTS
\$9,000.00	OPTION 1	\$5,229.97	
\$6,000.00	OPTION 2	\$2,229.97	
\$10,500.00	OPTION 5A	\$6,729.97	
\$9,000.00	OPTION 5B	\$5,229.97	
			1 \$2,229.97

Name of Deceased Nicole GEE Agreement No 491601005400

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED/PURCHASE AGREEMENT

TOTAL SECTION I AND SECTION II CHARGES	\$	5,512.03
SECTION III - ALLOWANCES		
<u>Manager Approved</u>	\$	(1,195.00)
_____	\$	n/a
_____	\$	n/a
_____	\$	n/a
_____	\$	n/a
_____	\$	n/a
_____	\$	n/a
_____	\$	n/a
_____	\$	0.00
TOTAL ALLOWANCES	\$	(1,195.00)
SECTION IV - TAXES		
Taxable Items Section I + or - Section III	\$	1,845.09
Less Deductibles	\$	n/a
TOTAL TAXES <u>7.75%</u> % State (6.25%) - 115.32, County (1%) - 18.45, Other (0.5%) - 9.23	\$	143.00
TOTAL CHARGES: Section I + II + or - III + IV =	\$	4,460.03
Less Cash Received	\$	n/a
Less Assignments of	\$	0.00
Unpaid balance due by: <u>09/29/2021</u>	\$	4,460.03

PAYMENT TERMS 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. Such payment will be made 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 crematory requirements which compel the purchase of any items listed in Part One and we have explained why we charged for embalming. 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 Burial Container Price List effective on 07/09/2021 prior to discussing burial containers.
4. You were advised that the law does not require embalming except 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 cash 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 ACKNOWLEDGE 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 15 day of September, 20 21
 By _____ License No _____ Purchaser's Name (b)(6)
 _____ Signature _____ Purchaser's Signature _____
 _____ Signature _____ Purchaser's Telephone No (b)(6)
 _____ Signature _____ Co-Purchaser's Name _____
 _____ Signature _____ Co-Purchaser's Signature _____
 _____ Signature _____ Co-Purchaser's Telephone No _____

I attest that I have completed/reviewed this document as required by the Company's SOX Key Control Checklist:
 Print Name: _____ Title: _____
 Signature: _____ Date: _____

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.

\$3,005.00

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

\$995.00

TRANSPORTATION:

Transfer to or from airport (within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	<u>\$295.00</u>
Transfer to or from crematory	<u>\$100.00</u>
Transfer of remains from place of death to funeral home (within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	<u>\$695.00</u>
Funeral vehicle (e.g. Hearse) (within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	<u>\$395.00</u>
Limousine (within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	<u>\$395.00</u>
Service vehicle (within a 40 mile radius. Additional distance will be charged at \$2.00 per mile.)	<u>\$295.00</u>

FORWARDING REMAINS TO ANOTHER FUNERAL HOME:

This charge includes use of preparation room, Basic Services of the Funeral Director and Staff, 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.	<u>\$3,115.00</u>
---	-------------------

RECEIVING REMAINS FROM ANOTHER FUNERAL HOME:

This charge includes Basic Professional Service Fees for Funeral Director and Staff when 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.	<u>\$1,895.00</u>
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REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

Form Approved
OMB No. 0704-0030
Expires May 31, 2006

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0030). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488; EO 9397.

PRINCIPAL PURPOSE: To record amount of funeral and/or interment expenses incurred by next of kin.

ROUTINE USES: None.

DISCLOSURE: Disclosure of requested information is voluntary; however, if not furnished, claim cannot be paid.

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM		2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT	
a. NAME Combat Logistics Battalion 23		a. NAME US Navy & Marine Corps Mortuary Affairs	
b. ADDRESS (Street, City, State and ZIP Code) 8277 Elder Creek Cr, Sacramento, CA 95828		b. ADDRESS (Street, City, State and ZIP Code) Millington, TN	
3. NAME OF DECEDENT (Last, First, Middle Initial) Gee, Nicole, L.		4. PAY GRADE/RANK E-5/Sergeant	5. SERVICE NUMBER/SSN (b)(6)
6. PLACE OF DEATH (City, State, Country) Kabul, Afghanistan		7. DATE OF DEATH (YYYYMMDD) 20210826	
8. NAME OF CLAIMANT (Last, First, Middle Initial) (b)(6)		9. RELATIONSHIP	
10. FUNERAL HOME AND/OR NATIONAL CEMETERY			
a. NAME Lambert funeral home		b. ADDRESS (Street, City, State and ZIP Code) 400 Douglas Blvd. Roseville, CA, 95678	
11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH			
<input type="checkbox"/> NO <input type="checkbox"/> YES (Enter name of contracting activity)			

PART II - TO BE COMPLETED BY CLAIMANT (Proper completion will expedite settlement.)

a. Complete Items 12 and 13.		c. Complete Item 17, when cost of shipment of remains is claimed in Item 15 or as Item 16.	
b. Complete either Item 14, 15, or 16. (Do not complete more than one)		d. Attach copies of bills for all amounts claimed.	
		e. Mail completed form to addressee shown in Item 2.	
12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION			13. DATE OF INTERMENT (YYYYMMDD)
a. NAME Arlington National Cemetery	b. ADDRESS (Street, City, State and ZIP Code) 11 Memorial Ave Arlington, VA 22211		
14. INTERMENT COSTS (To be completed when claimant arranged for interment only.) Enter total amount paid or incurred for one or more of the following: Cost of single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service.			AMOUNT CLAIMED \$
15. FUNERAL ARRANGEMENT COSTS (To be completed when claimant made all arrangements.) Enter total amount paid or incurred for one or more of the following: Casket, preservation (embalming) and related services, cremation and urn, clothing for deceased, cost for interment (single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service), and shipment of remains (removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery).			AMOUNT CLAIMED \$
16. SHIPPING COSTS OF REMAINS (To be completed when claimant paid or incurred cost for shipment of remains.) Enter total amount paid or incurred for one or more of the following: Removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery.			AMOUNT CLAIMED \$
17. SHIPMENT OF REMAINS (Complete when shipping costs claimed.)			
a. SHIPPED FROM (City and State)	b. SHIPPED TO (City and State)	c. MODE OF SHIPMENT (X one) <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE	
18. STATEMENT OF CLAIMANT: I have paid or incurred expenses in the amounts entered in Items 14, 15, and/or 16. I desire that the amount allowable by the Government be paid to:			
a. NAME OF PAYEE (Print or type) LAMBERT FUNERAL HOME		c. ADDRESS OF PAYEE (Street, City, State and ZIP Code) 400 DOUGLAS BLVD. ROSEVILLE, CA 95678	b. TAXPAYER ID NUMBER OR SSN CAGE CODE: 4UAB9
		d. SIGNATURE OF CLAIMANT (b)(6)	e. DATE SIGNED 08/31/21

STATEMENT OF DISPOSITION OF MILITARY REMAINS

(Read Agency Disclosure Notice, Privacy Advisory, and Instructions on Page 2 before completing this form)

OMB No 0704-0581
OMB approval expires
01/31/2022

1. NAME OF DECEASED <i>(Last, First, Middle Initial)</i> Gcc, Nicole, L.	2. SERVICE/GRADE OF DECEASED E-5 Sergeant	3. DCIPS CASE NUMBER
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4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)

a. NAME <i>(Last, First, Middle Initial)</i> (b)(6)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER <i>(include Area Code)</i> (b)(6)
d. CURRENT RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i> (b)(6)		

5. SELECTION OF DISPOSITION OPTIONS

I, the undersigned Person Authorized to Direct Disposition (PADD), have been provided a **MORTUARY BRIEFING** and I understand each of the options presented and have selected disposition of remains as indicated below. I understand that the embalming/preparation, restoration, and casketing of remains, under **Options 1 - 4**, may be provided by a civilian funeral home, under contract with the DoD, or a Mortuary operated by the Department of the Army, Navy, or Air Force.

OPTION 1	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the CIVILIAN CEMETERY listed in Block 7 . I understand the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ <u>9,000.00</u> . In addition to this maximum reimbursement, the Government will pay all remains transportation expenses.
(Initials)	

OPTION 2	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ <u>6,000.00</u> . In addition to this maximum reimbursement, the Military will pay all remains transportation expenses.
(b)(6)	
(Initials)	

OPTION 3	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense with direct consignment for interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery, for the transportation of remains, and other authorized expenses cannot exceed \$ <u>2,500.00</u> .
(Initials)	

OPTION 4	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in a WOOD CREMATION CASKET , with CREMATION to be arranged by the receiving FUNERAL HOME , listed in Block 6 , in accordance with all applicable statutory provisions. The Military will provide the urn selected in Block 9 and arrange transportation of the casket and escort at Government expense. I understand that the reimbursement for expenses incurred at the funeral home and cemetery and other authorized expenses cannot exceed Option 1 or Option 2 (depending on the method of disposition of the urn) \$ _____. In addition to this maximum reimbursement, the Government will reimburse the cremation expenses.
(Initials)	

OPTION 5	I desire to MAKE ALL ARRANGEMENTS for the disposition of remains. If the remains are under the control of the DoD, I direct the remains be released to the funeral home listed in Block 6 . Reimbursement for expenses associated with the disposition of the remains may not exceed the reimbursement entitlements listed in (A) or (B) , as applicable. If the remains are cremated and retained, the reimbursement will not exceed that of (A) below. Additionally, the Government will reimburse all remains transportation expenses. Refer to the instruction page of this form for support provided by the Military Service when choosing this option. (A) \$ <u>10,500.00</u> for interment/entombment in a CIVILIAN CEMETERY . (B) \$ <u>9,000.00</u> for interment in a GOVERNMENT CEMETERY (Federal/State) .
(Initials)	

OPTION 6	I HEREBY RELINQUISH MY RIGHTS to all decisions regarding the disposition of the remains and understand that the right to direct disposition of the remains will pass to the next person in hierarchy by marriage, blood relation, or adoption and whose name is listed below. I also certify that I have the legal right to make this authorization and release the DoD, its officers, agents, and employees from any and all liability that may arise from this action. I further authorize the named individual to apply for reimbursement of the authorized reimbursable funeral expenses, up to the allowable limit, incurred in the disposition of these remains. By law, the new PADD to whom the authority to direct disposition passes is <i>(Name/relationship):</i>
(Initials)	

6. RECEIVING FUNERAL HOME <i>(Name, Address (include ZIP Code) and Telephone Number (include Area Code))</i> Lambert Funeral Home 400 Douglas Blvd, Roseville, CA 95678 916-787-0474	7. CEMETERY <i>(or where final disposition of remains is to be effected)</i> <i>(Name, Address (include ZIP Code) and Telephone Number (include Area Code))</i> Arlington National Cemetery 2 Memorial Ave Arlington, VA 22211 877-907-8585
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8. CASKET SELECTION <i>(Not applicable to Options 4 or 5)</i> <input checked="" type="checkbox"/> 18-GA Steel with Silver Tone Finish <input type="checkbox"/> Solid Hardwood with Walnut Finish	9. URN SELECTION <i>(Applicable to Option 4)</i> <input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut	10. I DESIRE MILITARY FUNERAL HONORS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--

11. a. TYPED OR PRINTED NAME OF PADD (b)(6)	b. SIGNATURE OF PADD	c. DATE 08/31/21
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12. a. TYPED OR PRINTED NAME OF WITNESS (b)(6)	b. SIGNATURE OF WITNESS	c. DATE 8-31-21
---	-------------------------	--------------------

REPORT OF CASUALTY	HEADQUARTERS, U.S. MARINE CORPS 2008 Elliot Road Quantico, VA 22134-5103			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) Gee, Nicole Leeann		b. SOCIAL SECURITY NO. (b)(6)	c. RANK SGT	d. PAY GRADE E-5	e. OCCUPATIONAL CODE/ RATING 2841
f. COMPONENT Regular	g. BRANCH USMC	h. ORGANIZATION 24th MEU, CLR 27, 2d MLG, Camp Lejeune, NC			
4. CASUALTY INFORMATION					
a. TYPE Hostile	b. STATUS Deceased	c. CATEGORY Killed In Action	d. DATE OF CASUALTY 26 Aug 2021	e. PLACE OF CASUALTY Kabul, Afghanistan	
f. CIRCUMSTANCES Hostile Action: Result of blast and ballistic injuries while conducting Afghanistan non-combatant evacuation operations (PDC).					
g. DUTY STATUS Active Duty/On Duty					h. BODY RECOVERED Yes
5. BACKGROUND INFORMATION					
a. DATE OF BIRTH 01 May 1998	b. PLACE OF BIRTH Vail, CO		c. COUNTRY OF CITIZENSHIP United States		
d. RACE White					
e. ETHNICITY European/Anglo					f. SEX Female
g. RELIGIOUS PREFERENCE Christian, No Denominational Preference					
6. ACTIVE DUTY INFORMATION					
a. PLACE OF ENTRY Sacramento MEPS, CA	b. DATE OF ENTRY 10 Oct 2017	c. HOME OF RECORD AT TIME OF ENTRY Sacramento, CA			
7. INTERESTED PERSONS/REMARKS (Name, Address, and Relationship) (Continue on separate sheet, if necessary)					
WAR ON TERRORISM / OPERATION FREEDOM'S SENTINEL (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 designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.					
8. REPORTING INFORMATION					
a. COMMAND AGENCY DD Form 2064 Certificate of Death					b. DATE RECEIVED 17 Sep 2021
9. DISTRIBUTION DFAS, OSGLI, VA (Report # 096-21) JDE			10. SIGNATURE ELEMENT Captain (b)(6) Operations Officer, Casualty Section		
NOTE: This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required.					

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

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

WASHINGTON DC

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

Branham Mann
(b)(6) @dignitymemorial.com

(b)(6)

DECEASED NAME:

Sgt Gee, Nicole 2nd Claim (USMC/Active)

CASE TALLY WORKSHEET

SERVICE		MERCHANDISE / SUPPLIES		TRANSPORTATION	
1	\$2,205.00	1		1	\$695.00
2		2		2	\$495.00
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
		MER/SUP AMOUNT DEDUCTED		24	
				25	

A. SERVICE TOTAL:
\$2,205.00

B: MERCHANDISE / SUPPLIES TOTAL:

TRANSPORTATION TOTAL:
\$1,190.00

SVC \$2,205.00
SUP \$0.00

SECTION A & B TOTAL:
\$2,205.00

TOTAL-TRANS
\$1,190.00

ASSIGNED CS MGR
PAID BY

TRANSPORTATION TOTAL:
\$1,190.00

TOTAL:
\$3,395.00

MINUS		A&B TOTAL MINUS TRANS - FAMILY ALLOTMENT PAID OR OWED
\$9,000.00	OPTION 1	\$6,795.00
\$6,000.00	OPTION 2	\$3,795.00
\$10,500.00	OPTION 5A	\$8,295.00
\$9,000.00	OPTION 5B	\$6,795.00

→ REMAINING ON ENTITLEMENTS
1
\$3,795.00

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

GEE6577

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

**Navy Personnel Command
 5720 Integrity Drive
 Millington, TN 38055**

DATE VOUCHER PREPARED

10/08/21

SCHEDULE NO.

CONTRACT NUMBER AND DATE

(b)(6)

PAID BY

REQUISITION NUMBER AND DATE

N6298022PV00001

DATE INVOICE RECEIVED

10/08/21

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

TIN: (b)(6)

PAYEE'S
 NAME
 AND
 ADDRESS

**Lambert Funeral Home
 400 Douglas Blvd
 Roseville, CA 95678**

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT <i>(1)</i>
				COST	PER	
	10/08/21	PAYMENT OF EXPENSES FOR SGT Nicole Leeann Gee				\$3,395.00
		DATE DUE: 11/07/21 (CERTIFICATIONS ATTACHED)				
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						\$3,395.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	= \$ 3,395.00	= \$1.00		
	BY 2			
	HAD		Amount verified; correct for	\$3,395.00
	TITLE		<i>(Signature or initials)</i>	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

10/08/21

(Date)

(Authorized Certifying Officer) 2

FOR: Financial Management Analyst

(Title)

ACCOUNTING CLASSIFICATION

N6298022PV	\$1,190.00
00001	\$2,205.00

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON <i>(Name of bank)</i>
		\$3,395.00		
	CASH	DATE	PAYEE 3	
	\$			

1 When stated in foreign currency, insert name of currency.
 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

Previous edition usable.

NSN 7540-00-900-2234

APD PE v4.05

PRIVACY ACT STATEMENT

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.

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

Form Approved
OMB No. 0704-0030
Expires May 31, 2006

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0030). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488; EO 9397.

PRINCIPAL PURPOSE: To record amount of funeral and/or interment expenses incurred by next of kin.

ROUTINE USES: None.

DISCLOSURE: Disclosure of requested information is voluntary; however, if not furnished, claim cannot be paid.

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM		2. MILITARY ACTIVITY FORM IS TO BE MAILED TO FOR PAYMENT	
a. NAME Combat Logistics Battalion 23		a. NAME US Navy & Marine Corps Mortuary Affairs	
b. ADDRESS (Street, City, State and ZIP Code) 8277 Elder Creek Cr, Sacramento, CA 95828		b. ADDRESS (Street, City, State and ZIP Code) Millington, TN	
3. NAME OF DECEDENT (Last, First, Middle Initial) Gee, Nicole, L.		4. PAY GRADE/RANK E-5/Sergeant	5. SERVICE NUMBER/SSN (b)(6)
6. PLACE OF DEATH (City, State, Country) Kabul, Afghanistan		7. DATE OF DEATH (YYYYMMDD) 20210826	
8. NAME OF CLAIMANT (Last, First, Middle Initial) (b)(6)		9. RELATIONSHIP	
10. FUNERAL HOME AND/OR NATIONAL CEMETERY			
a. NAME Lambert funeral home		b. ADDRESS (Street, City, State and ZIP Code) 400 Douglas Blvd. Roseville, CA, 95678	
11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH			
<input type="checkbox"/> NO <input type="checkbox"/> YES (Enter name of contracting activity)			

PART II - TO BE COMPLETED BY CLAIMANT (Proper completion will expedite settlement.)

a. Complete Items 12 and 13.		c. Complete Item 17, when cost of shipment of remains is claimed in Item 15 or as Item 16.	
b. Complete either Item 14, 15, or 16. (Do not complete more than one)		d. Attach copies of bills for all amounts claimed.	
		e. Mail completed form to addressee shown in Item 2.	
12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION			13. DATE OF INTERMENT (YYYYMMDD)
a. NAME Arlington National Cemetery		b. ADDRESS (Street, City, State and ZIP Code) 4 Memorial Ave Arlington, VA 22211	
14. INTERMENT COSTS (To be completed when claimant arranged for interment only.) Enter total amount paid or incurred for one or more of the following: Cost of single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service.			AMOUNT CLAIMED \$
15. FUNERAL ARRANGEMENT COSTS (To be completed when claimant made all arrangements.) Enter total amount paid or incurred for one or more of the following: Casket, preservation (embalming) and related services, cremation and urn, clothing for deceased, cost for interment (single grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director, including use of funeral director's facilities, and motor service), and shipment of remains (removal from place of death to preparation point, delivery from preparation point to common carrier, shipping costs, removal from common carrier to receiving funeral home, and delivery to cemetery).			AMOUNT CLAIMED \$
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17. SHIPMENT OF REMAINS (Complete when shipping costs claimed.)			
a. SHIPPED FROM (City and State)		b. SHIPPED TO (City and State)	c. MODE OF SHIPMENT (X one) <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE
18. STATEMENT OF CLAIMANT: I have paid or incurred expenses in the amounts entered in Items 14, 15, and/or 16. I desire that the amount allowable by the Government be paid to:			
a. NAME OF PAYEE (Print or type) LAMBERT FUNERAL HOME		b. TAXPAYER ID NUMBER OR SSN CAGE CODE: 4UAB9	
c. ADDRESS OF PAYEE (Street, City, State and ZIP Code) 400 DOUGLAS BLVD. ROSEVILLE, CA 95678		d. SIGNATURE OF CLAIMANT (b)(6)	e. DATE SIGNED 08/31/21

STATEMENT OF DISPOSITION OF MILITARY REMAINS

(Read Agency Disclosure Notice, Privacy Advisory, and Instructions on Page 2 before completing this form)

OMB No 0704-0581
OMB approval expires
01/31/2022

1. NAME OF DECEASED <i>(Last, First, Middle Initial)</i> Gee, Nicole, L.	2. SERVICE/GRADE OF DECEASED E-5 Sergeant	3. DCIPS CASE NUMBER
4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME <i>(Last, First, Middle Initial)</i> (b)(6)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER <i>(include Area Code)</i> (b)(6)
d. CURRENT RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i> (b)(6)		

5. SELECTION OF DISPOSITION OPTIONS

I, the undersigned Person Authorized to Direct Disposition (PADD), have been provided a **MORTUARY BRIEFING** and I understand each of the options presented and have selected disposition of remains as indicated below. I understand that the embalming/preparation, restoration, and casketing of remains under **Options 1 - 4**, may be provided by a civilian funeral home, under contract with the DoD, or a Mortuary operated by the Department of the Army, Navy, or Air Force.

OPTION 1	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the CIVILIAN CEMETERY listed in Block 7 . I understand the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ <u>9,000.00</u> . In addition to this maximum reimbursement, the Government will pay all remains transportation expenses.
(Initials)	
OPTION 2	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6 , with subsequent interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ <u>6,000.00</u> . In addition to this maximum reimbursement, the Military will pay all remains transportation expenses.
(b)(6)	
(Initials)	
OPTION 3	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8 , and request transportation to be arranged, with escort, at government expense with direct consignment for interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7 . I understand that the reimbursement for expenses incurred at the funeral home, cemetery, for the transportation of remains, and other authorized expenses cannot exceed \$ <u>2,500.00</u> .
(Initials)	
OPTION 4	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in a WOOD CREMATION CASKET , with CREMATION to be arranged by the receiving FUNERAL HOME , listed in Block 6 , in accordance with all applicable statutory provisions. The Military will provide the urn selected in Block 9 and arrange transportation of the casket and escort at Government expense. I understand that the reimbursement for expenses incurred at the funeral home and cemetery and other authorized expenses cannot exceed Option 1 or Option 2 (depending on the method of disposition of the urn) \$ _____ . In addition to this maximum reimbursement, the Government will reimburse the cremation expenses.
(Initials)	
OPTION 5	I desire to MAKE ALL ARRANGEMENTS for the disposition of remains. If the remains are under the control of the DoD, I direct the remains be released to the funeral home listed in Block 6 . Reimbursement for expenses associated with the disposition of the remains may not exceed the reimbursement entitlements listed in (A) or (B) , as applicable. If the remains are cremated and retained, the reimbursement will not exceed that of (A) below. Additionally, the Government will reimburse all remains transportation expenses. Refer to the instruction page of this form for support provided by the Military Service when choosing this option. (A) \$ 10,500.00 for interment/entombment in a CIVILIAN CEMETERY . (B) \$ 9,000.00 for interment in a GOVERNMENT CEMETERY (Federal/State) .
(Initials)	
OPTION 6	I HEREBY RELINQUISH MY RIGHTS to all decisions regarding the disposition of the remains and understand that the right to direct disposition of the remains will pass to the next person in hierarchy by marriage, blood relation, or adoption and whose name is listed below. I also certify that I have the legal right to make this authorization and release the DoD, its officers, agents, and employees from any and all liability that may arise from this action. I further authorize the named individual to apply for reimbursement of the authorized reimbursable funeral expenses, up to the allowable limit, incurred in the disposition of these remains. By law, the new PADD to whom the authority to direct disposition passes is <i>(Name/relationship):</i>
(Initials)	

6. RECEIVING FUNERAL HOME <i>(Name, Address (include ZIP Code) and Telephone Number (include Area Code))</i> Lambert Funeral Home 400 Douglas Blvd, Roseville, CA 95678 916-787-0474	7. CEMETERY <i>(or where final disposition of remains is to be effected) (Name, Address (include ZIP Code) and Telephone Number (include Area Code))</i> Arlington National Cemetery 2 Memorial Ave Arlington, VA 22211 877-907-8585
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8. CASKET SELECTION <i>(Not applicable to Options 4 or 5)</i> <input checked="" type="checkbox"/> 18-GA Steel with Silver Tone Finish <input type="checkbox"/> Solid Hardwood with Walnut Finish	9. URN SELECTION <i>(Applicable to Option 4)</i> <input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut	10. I DESIRE MILITARY FUNERAL HONORS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. a. TYPED OR PRINTED NAME OF PADD (b)(6)	b. SIGNATURE OF PADD	c. DATE 08/31/21
12. a. TYPED OR PRINTED NAME OF WITNESS (b)(6)	b. SIGNATURE OF WITNESS	c. DATE 8-31-21

REPORT OF CASUALTY	HEADQUARTERS, U.S. MARINE CORPS 2008 Elliot Road Quantico, VA 22134-5103		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) Gee, Nicole Leeann		b. SOCIAL SECURITY NO. (b)(6)	c. RANK SGT	d. PAY GRADE E-5
e. OCCUPATIONAL CODE/ RATING 2841				
f. COMPONENT Regular	g. BRANCH USMC	h. ORGANIZATION 24th MEU, CLR 27, 2d MLG, Camp Lejeune, NC		
4. CASUALTY INFORMATION				
a. TYPE Hostile	b. STATUS Deceased	c. CATEGORY Killed In Action	d. DATE OF CASUALTY 26 Aug 2021	e. PLACE OF CASUALTY Kabul, Afghanistan
f. CIRCUMSTANCES Hostile Action: Result of blast and ballistic injuries while conducting Afghanistan non-combatant evacuation operations (PDC).				
g. DUTY STATUS Active Duty/On Duty				h. BODY RECOVERED Yes
5. BACKGROUND INFORMATION				
a. DATE OF BIRTH 01 May 1998	b. PLACE OF BIRTH Vail, CO	c. COUNTRY OF CITIZENSHIP United States		
d. RACE White				
e. ETHNICITY European/Anglo				f. SEX Female
g. RELIGIOUS PREFERENCE Christian, No Denominational Preference				
6. ACTIVE DUTY INFORMATION				
a. PLACE OF ENTRY Sacramento MEPS, CA	b. DATE OF ENTRY 10 Oct 2017	c. HOME OF RECORD AT TIME OF ENTRY Sacramento, CA		
7. INTERESTED PERSONS/REMARKS (Name, Address, and Relationship) (Continue on separate sheet, if necessary)				
WAR ON TERRORISM / OPERATION FREEDOM'S SENTINEL (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 designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.				
8. REPORTING INFORMATION				
a. COMMAND AGENCY DD Form 2064 Certificate of Death				b. DATE RECEIVED 17 Sep 2021
9. DISTRIBUTION DFAS, OSGLI, VA (Report # 096-21) JDE		10. SIGNATURE ELEMENT Captain (b)(6) Operations Officer, Casualty Section		
NOTE: This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required.				

GENERAL PRICE LIST

Murphy Funeral Homes

4510 Wilson Boulevard
Winnington, VA 22602 | 703-331-4800
www.murphyfuneralhomes.com

Every Detail Remembered

Dignity
MEMORIAL

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.

TRANSPORTATION

Transfer of remains from place of death to funeral home (within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	\$795
Limousine (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
Funeral vehicle (e.g. Hearse) (within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	\$695
Flower Vehicle (within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	\$295
Alternative Vehicle (within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	\$995
Transfer to or from airport (within a 15 mile radius. Additional distance will be charged at \$3.50 per mile.)	\$495

FORWARDING REMAINS TO ANOTHER FUNERAL HOME

This charge includes use of preparation room, Basic Professional Service Fee when Forwarding Remains, Embalming, transportation to or from local airport or other place of shipment within a 15 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.	\$4,995
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RECEIVING REMAINS FROM ANOTHER FUNERAL HOME

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.	\$3,395
--	---------

 Detail Report

Contract Number:	CLFIMV21D4UAB	Status:	PAID
Delivery Order Number:	9429		
Invoice Number:	GEENICOLE1	Reason :	F
Shipment Number:		Remarks :	
CLIN:		Fuel Lift Date:	
ACRN:		Quantity Paid:	.00
Invoice Amount:	3,395.00	Unit Price:	.00
Freight:	.00	UM:	
Interest:	.00	Issue Date:	11-OCT-21
Discount:	.00	Received Date:	11-OCT-21
Tax Withheld:	.00	Acceptance Date:	26-OCT-21
Adjustment 1:	.00	Last Action Date:	
Adjustment 2:	.00	Payment Due Date:	26-NOV-21
Invoice Amount Paid:	3,395.00	Actual Payment Date:	29-OCT-21
Check/EFT Amount:	27,097.34	Voucher Number:	1JF9WPX
Interest 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		
Voucher Remarks:			
Description:	PAID		
Recommended Action:	Allow 2 Business Days for the Deposit to Post to your Bank		
UEID:			

◀ Back

📘 Help

 Detail Report

Contract Number:	CLFIMV21D4UAB	Status:	PAID
Delivery Order Number:	9406		
Invoice Number:	GEENICOLE	Reason :	F
Shipment Number:		Remarks :	
CLIN:		Fuel Lift Date:	
ACRN:		Quantity Paid:	.00
Invoice Amount:	4,460.03	Unit Price:	.00
Freight:	.00	UM:	
Interest:	.00	Issue Date:	21-SEP-21
Discount:	.00	Received Date:	21-SEP-21
Tax Withheld:	.00	Acceptance Date:	26-OCT-21
Adjustment 1:	.00	Last Action Date:	
Adjustment 2:	.00	Payment Due Date:	26-NOV-21
Invoice Amount Paid:	4,460.03	Actual Payment Date:	03-NOV-21
Check/EFT Amount:	31,063.41	Voucher Number:	1KF9BTR
Interest 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		
Voucher Remarks:			
Description:	PAID		
Recommended Action:	Allow 2 Business Days for the Deposit to Post to your Bank		
UEID:			

◀ Back

📄 Help

(b)(6)

From: Laura Herzog (b)(6) @honoringourfallen.org>
Sent: Tuesday, July 25, 2023 5:02 PM
To: (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-egregious-injustice>

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: (b)(6)
Fax: (703)784-9827

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From: (b)(6)
Sent: Tuesday, July 25, 2023 10:21 AM
To: (b)(6) @honorourfallen.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
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(b)(6)

From: Laura Herzog (b)(6) @honoringourfallen.org>
Sent: Wednesday, July 26, 2023 3:49 PM
To: (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 donated 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,

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: (b)(6)
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