

Exhibit B

RECEIPT OF THIRD PARTY MERCHANDISE

1. **PARTIES:**

“FUNERAL HOME”:
_____ (Name of Funeral Home)

“SUPPLIER”:
_____ (Name of Supplier of Merchandise)

“DECEDENT”:
_____ (Name of Decedent)

“MERCHANDISE”:
_____ (Description of Merchandise including Name, Model Name and Model Number)

2. **RECEIPT:** The FUNERAL HOME acknowledges receipt from the SUPPLIER of the merchandise described above for use in the funeral of the DECEDENT. The receipt of the MERCHANDISE by the FUNERAL HOME does not constitute in any respect legal acceptance of the MERCHANDISE or its condition. Any such acceptance may only be given by the purchase of the MERCHANDISE.

3. **VISIBLE DEFECTS OR CONDITIONS:** Although under no duty to inspect the MERCHANDISE, the FUNERAL HOME has noted below the following defects and/or conditions of the MERCHANDISE at the time of delivery:

Date: _____

Time: _____

SUPPLIER:

FUNERAL HOME:

By: _____

By: _____