

STATE OF INDIANA)
) SS:
COUNTY OF HOWARD)

IN THE MATTER OF THE ESTATE OF _____, DECEASED

AFFIDAVIT / WAIVER FOR TRANSFER OF CEMETERY SPACE(S)

_____, being first duly sworn upon their oath, deposes and says:

1. That prior to their death, _____, decedent, held title to _____ burial space(s) in Crown Point Cemetery, Kokomo, Indiana, the exact location of which are shown on the attached "Exhibit A".
2. That _____ died on the _____ day of _____, _____.
3. That decedent (died intestate) (testate) on the _____ day of _____. (Strike inapplicable language).
4. Said decedent's estate has been administered through Probate in the _____ Court, _____, _____, under Case Number _____.
5. That this Affiant represents that they are legally entitled to the remaining cemetery space(s) currently held in the name of _____.
6. That this Affidavit is made for the purpose of inducing the transfer of the cemetery space(s) into the name of _____.

HOLD HARMLESS AGREEMENT

It is hereby understood and agreed that for a valuable consideration, the receipt of which is hereby acknowledged:

1. The undersigned hereby voluntarily assumes all risk of this transaction and property, and hereby releases and discharges Crown Point Cemetery and the City of Kokomo from every claim, liability, or demand of any kind sustained, whether caused by the negligence or breach of duty of said Crown Point Cemetery, its Governing Board, or the City of Kokomo.
2. The undersigned hereby agrees to hold harmless and to indemnify the above mentioned entities against all loss and/or expense, including reasonable attorney fees, which they may sustain or incur by reason as a result of transferring the space(s) to the Affiant based upon the above representations. Such expenses shall include, but are not limited to, the cost of defending claims of other individuals claiming entitlement to the subject space(s), including any judgments rendered against the cemetery, its Governing Board, or the City of Kokomo, Indiana, by reason of acting in reliance upon the information contained herein.

Affiant

STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public for said County and State, personally appeared _____, and being duly sworn by me upon his or her oath, says that the facts alleged in the foregoing instrument are true.

SEAL

Notary (signature)

Notary (print or type)
Notary Public, a resident of the County of _____
In the State of _____.
My Commission Expires: _____

Approved by Cemetery Board of Regents 2003

Crown Point Cemetery Office Use
Lot ___ Div. ___ Section ___ Book ___ Page ___
Description _____

Date Cemetery Board Approved: _____

Claimant (Affiant) needs to include the following:
Final Owner: _____
Street Address: _____
City/St/ZP: _____
Phone: _____