AFFIDAVIT OF HEIRSHIP

I hereby certify and attest that I am the _	of	_(the "Decedent") and
reside at	. This affidavit is being provided to	
certifies that the Decedent was survived by the fo	who are the surviving relatives of the Decedent.	The undersigned hereby
Name Address		unves)
	Relationship	Age
		. \
interment rights; Interment Authorization that carried out in accordance with the terms and condit the Cemetery, its affiliates and owners, and the assigns from any and all liabilities, claims or cause authorization and instructions concerning the cauthorization for interment.	eir respective officers, directors, employees, re es of action arising out of, or in any way connecte	emnify and hold harmless presentatives, agents and d with, my representation,
	(Signature	·)
•	(D.: . IV	
STATE/PROVINCE OF	(Printed Nam	ie)
COUNTY/CITY OF	 	
BEFORE ME, the undersigned, a Notary to me, or proved to me on the basis of satisfacto instrument and acknowledged to me that he/she e	Public, on this day personally appeared ory evidence, to be the person whose name is su executed the same for the purposes and considera	bscribed to the foregoing
GIVEN UNDER MY HAND AND SEA	L OF OFFICE this day of	, 20 .
My Commission Expires:		
	Notary Public, State/Province of	

FIN-CS077 Form Owner: Legal