

Website: www.swancreektwp.org

**5565 County Road D,**

**Delta, Ohio**

 **43515**

**Phone: 419-822-4371**

**BOARD OF TRUSTEES**

**RICK KAZMIERCZAK 419-708-6290**

**TRAVIS WEIGEL 419-270-2847**

**GENE WILSON 419-344-0333**

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The following form shall be filled out and submitted to Swancreek Township when a Designee Form, Deed declared to a specific person, Will, or proof of Executor is/cannot not be provided to Swancreek Township.

Heirs Transfer Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed Name –Transferee/Heir) (Complete Address)

Attest that I am the rightful owner or heir of the grave in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cemetery

Section \_\_\_\_\_\_\_\_\_\_\_\_ Lot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting interment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Transferee agrees to indemnify, defend, and hold harmless the township as transferor in any litigation initiated by third parties arising out of the transfer of said burial lot(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Sworn to and subscribed before me, a Notary Public, in and for said county, this \_\_\_\_\_day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Notary Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(seal)

Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_