



**SWAN CREEK TOWNSHIP, FULTON COUNTY, OHIO**  
5565 Co. Rd. D, Delta, Ohio 43515 - 419-822-4371

**APPOINTMENT OF REPRESENTATIVE/DESIGNEE  
OF DEEDED GRAVES USED OR UNUSED**  
pursuant to O.R.C. 2108.72

Representative and Designee is described as the person(s) who are being delegated for full rights of any of declarant's grave space(s) and or disposition of said declarant's remains. I, \_\_\_\_\_ (legal name and present address of declarant/DEED OWNER), an adult being of sound mind, willfully and voluntarily appoint my representative/designee, named below, to have the right of disposition, pursuant to O.R.C. 2108.72 for designation rights to the listed graves deeded in my name. Cemetery \_\_\_\_\_ Section \_\_\_ Grave/s \_\_\_\_\_

All decisions made by my representative/designee with respect to the right of disposition and deeded grave(s) shall be binding.

**REPRESENTATIVE/DESIGNEE: (PERSON(S) BEING GIVEN AUTHORITY)**

(If the representative/designee is a group of persons, indicate the name, last known address, and telephone number of each person in the group - use back of page if necessary.)

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**SUCCESSOR REPRESENTATIVE/DESIGNEE (2<sup>ND</sup> PERSON(S) BEING GIVEN AUTHORITY):**

If my representative/designee is disqualified from serving as my representative/designee as described in O.R.C. 2108.72, then I hereby appoint the following person or group of persons to serve as my successor representative/designee.

(If the successor representative/designee is a group of persons, indicate the name, last known address, and telephone number of each person in the group.)

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**DURATION:**

The appointment of my representative/designee and, if applicable, successor representative/designee, becomes effective upon my death.

**PRIOR APPOINTMENTS REVOKED:**

I hereby revoke any written declaration that I executed in accordance with section O.R.C. 2108.72 of the Ohio Revised Code prior to the date of execution of this written declaration indicated below.

**AUTHORIZATION TO ACT:** I hereby agree that any of the following that receives a copy of this written declaration may act under it:



- Cemetery organization & owner; - Crematory operator; - Business operating a columbarium; - Funeral director; - Embalmer; - Funeral home; - Any other person asked to assist with my funeral, burial, cremation, or other manner of final disposition.

**MODIFICATION AND REVOCATION - WHEN EFFECTIVE:**

Any modification or revocation of this written declaration is not effective as to any party until that party receives actual notice of the modification or revocation. Should modification or revocation occur the declarant shall notify the Swan Creek Township in writing. If Swan Creek Township does not receive written notice Swan Creek Township shall assume there is no modification or revocation.

**LIABILITY:**

No person who acts in accordance with a properly executed copy of this written declaration shall be liable for damages of any kind associated with the person's reliance on this declaration.

Signed this day (date) \_\_\_\_\_

(Signature of declarant/DEED OWNER) \_\_\_\_\_

**ACKNOWLEDGMENT OF ASSUMPTION OF OBLIGATIONS AND COSTS:**

By signing below, the representative/designee, or successor representative/designee, if applicable, acknowledges that he or she, as representative/designee or successor representative/designee, assumes the right of property as defined in O.R.C. 2108.72 of the Ohio Revised Code, and understands that he or she is liable for the reasonable costs of exercising the right, including any goods and services that are purchased. Representative/designee after death of deeded grave(s) has the right to sell unused grave(s) back to Swan Creek Township for the original purchase price or may designate person(s) to be interred in such grave(s). The representative/designee shall submit his or her own Appointment of representative/designee to Swan Creek Township after such death of this appointment.

**WITNESS:**

I attest that the declarant signed or acknowledged this assignment of the right of property under section O.R.C. 2108.72 of the Ohio Revised Code in my presence and that the declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. I further attest that I am not the declarant's representative/designee or successor representative/designee, I am at least eighteen years of age, and I am not related to the declarant by blood, marriage, or adoption.

**Witness:** Name Representing SWAN CREEK TOWNSHIP

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Below listed graves are reserved for: (please list grave number and persons name)

Name: \_\_\_\_\_ Grave: \_\_\_\_\_

Name: \_\_\_\_\_ Grave: \_\_\_\_\_

Name: \_\_\_\_\_ Grave: \_\_\_\_\_

Name: \_\_\_\_\_ Grave: \_\_\_\_\_

Name: \_\_\_\_\_ Grave: \_\_\_\_\_

Name: \_\_\_\_\_ Grave: \_\_\_\_\_