



Park Lawn Cemetery

Cemetery Property Listing Request

PLEASE PRINT

Today's date _____

PROPERTY LOCATION:

Ground Lot # _____ Division(s) or Grave(s) _____ Plot (Lawn) _____

Mausoleum Crypt # _____ Garden of Chimes _____ Garden of Serenity _____

Niche # _____ Columbarium of Remembrance _____ Garden of Angeles _____

Deed Name _____

Are any of the deeded owners deceased? (Names) _____

If yes, where are they interred? _____

(We will require a copy of the death certificate of any deceased property owner not interred in Park Lawn Cemetery)

Number of graves for sale _____ (Count Tandem Graves/Crypts as **one**.)

Year of Purchase (if known) _____ Purchase price (if known) _____

Why do you wish to sell? _____

YOUR NAME _____

OWNER _____ or RELATIONSHIP TO OWNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE #(_____) _____ - _____ WORK(_____) _____ - _____

CELL PHONE #(_____) _____ - _____ EMAIL _____ @ _____ . _____

I certify that I am the owner / authorized to represent the owner in obtaining information regarding the potential sale of the above described cemetery property. I understand that this is an inquiry only, and that official sales documents must be signed by the owner(s) or his/her court-appointed representative.

SIGNATURE _____

Thank you for your interest in Park Lawn Cemetery's Repurchase/Listing Program. You will be contacted regarding your request.

FOR OFFICE USE ONLY

OK ___ AFF ___ TJT ___ POA ___ HEIRSREL ___ TR# _____ S—T \$ _____ 60%\$ _____

Repurchase Approved by _____