**Affidavit For**

**Title Transfer**

STATE OF )

)ss.

COUNTY OF )

Before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , a Notary Public in

and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , came

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who being by me duly sworn, deposes and says:

That on or about the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ , 20 \_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

purchased the right to burial, entombment, or inurnment in:

in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cemetery, in the City of \_\_\_\_\_\_\_\_\_\_\_\_ , County of \_\_\_\_\_\_\_\_\_\_\_\_\_

State of Minnesota, according to the plat thereof.

That on or about the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20 \_\_\_\_\_\_\_ , said

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ died

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ leaving surviving:

That by reason of the foregoing facts, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is entitled to the right to use for burial purposes of said cemetery lot, burial plot, or entombment or inurnment space of the said \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , in accordance with

Minnesota Statutes in such case as made and provided;

That this affidavit is made for the purpose of establishing the claim of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to the right to use for burial purposes of said cemetery lot, burial plot or entombment or inurnment space. Further affiant saith not.

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20 \_\_\_\_\_ .

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

Notary Public