



FREE APPRAISAL REQUEST

Date _____

Individual requesting Cemetery Property appraisal:

Name: _____ SS# _____
Address: _____ # _____
City: _____ St: _____ Zip: _____
Day Phone: _____ Alternate: _____
Fax: _____ E-mail: _____

Cemetery

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone: _____ Contact: _____

Property Description (take this information from the Certificate of Ownership/Interment Rights, Deed, or other Purchase paperwork records). Please describe e.g. which Garden Name, Lot number, Space number, Mausoleum name, Crypt tier and number, Niche number, Niche tier, Niche Section, Cremation garden, etc. Please be as complete and accurate as possible. **NOTE: Clearly mark all spaces that have either a burial or urn placement already. These spaces can NOT be sold or transferred, if occupied!** Property description is as follows: _____

Deed is under the name(s) of: _____

Relationship to the above named: _____

What authority (will, POA, etc) exists to sell: _____

What other parties have interest in the above property: _____

Burials DO _____ DO NOT _____ exist in any of the property described above.

Year of Purchase _____ Purchase price of property: \$ _____ Desired Offer: \$ _____

Other: _____

Approval for FREE appraisal: _____