## AFFIDAVIT OF HEIRSHIP

State of Ohio	
County of	
I,	(Affiant's Full Name), being first duly sworn, depose and
state as follows:	
1. AFFIANT INFORMATION	
I reside at	(Affiant's Address),
and I am of legal age and competent to	make this affidavit.
2. DECEDENT INFORMATION	
The decedent,	(Full Name of Deceased), resided at
	(Last Known Address of Deceased), and passed
away on (Date of	Death) in (City, County, State). A
certified copy of the decedent's death of	certificate is attached as Exhibit A.
3. OWNERSHIP OF CEMETERY PL	TO
At the time of death, the deceder	nt was the owner of a cemetery plot or right of interment located in
	(Cemetery Name), Township of,
County of	, State of Ohio, described as follows:
	(Lot
Number, Section, Plot Description).	
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4. FAMILY AND HEIRS	
The decedent was [married / unmarri	ied] at the time of death. The decedent's surviving heirs at law are:
	(Name, Address, Relationship, Age if
minor)	
	(Name, Address, Relationship, Age if
minor)	

## 5. CLAIM OF HEIRSHIP

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I am the	(relationship, e.g., daughter, son, spouse) of the decedent and am
entitled to ownership of the	above-described cemetery plot under the laws of the State of Ohio. No probate
proceedings have been initiat	ed, and no other person has a superior right to ownership.
6. PURPOSE OF AFFIDAVI	T
This affidavit is made to	establish my lawful right as an heir to have ownership of the cemetery plot
transferred to my name in the	records of the Township of
Affiant:	
	Date:
(Signature of Affiant)	
(Printed Name of Affiant)	
NOTARY ACKNOWLEDGE	MENT
State of Ohio	
County of	
	, 20, before me, the undersigned notary public, personally appeared
	(Affiant's Name), known to me or satisfactorily proven to be
the person whose name is su	bscribed to this affidavit, and acknowledged that they executed the same for the
purposes therein contained.	
In witness whereof, I have he	reunto set my hand and affixed my official seal.
Notary Public	
My commission expires:	