P.O. Box 35 147 Main Street
Waitsburg, Washington 99361-0035
(509) 337-6371 Fax (509) 337-8089

Date _____

Waitsburg City Cemetery
147 Main St.
Waitsburg, WA 99361
Phone 509-337-6371, Fax 509-337-8089

Waitsburg I.O.O.F. Cemetery
147 Main St.
Waitsburg, WA 99361
Phone 509-337-6371, Fax 509-337-8089

CEMETERY SPACE(S) PURCHASE AGREEMENT

This Agreement dated _____ between City of Waitsburg, Seller, and

_____, Purchaser

Address _____ City _____

State _____ Zip _____ Phone _____

Purchaser agrees to purchase from Seller and Seller agrees to sell to Purchaser the merchandise and/or services listed below. All rights to use merchandise and services shall remain with Seller and shall be conveyed to Purchaser only when Purchaser has performed all obligations assumed by him hereunder. Prior thereto, no use may be made of the merchandise or service without Seller's permission. Seller agrees to place 100% of the cash price in a pre-arrangement fund and guarantees delivery of the merchandise and service upon the death of the beneficiary named in this agreement accompanied by a signed Interment Authorization Agreement.

Beneficiary Information
Name(s)
Relationship to Purchaser

Description of Property		
Cemetery:		
Block	Lot	Space(s)
	TOTAL	

Paid in Full
Check_____ Cash _____ Receipt No._____

Payment Schedule: The payment schedule will be in _____ installments (maximum 36). The final payment is due 36 months from purchase date. Purchaser may at any time pay off the full unpaid balance due under this contract. Failure to make payments for twelve (12) consecutive months (365 calendar days) will result in forfeiture of the property and all monies paid to date, unless a Cemetery Space Refund Due to Extreme Hardship application is filled out and approved. Failure to pay entire contract in full on or before the final payment due date will result in forfeiture of the property and all monies paid to date, unless a Cemetery Space Refund Due to Extreme Hardship application is filled out and approved.

Purchaser _____ Date _____ Seller _____ Date _____

Payment History

Date	Amt.	Rec. No.	Date	Amt.	Rec. No.	Date	Amt.	Rec. No.