



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 TRANSFER AGREEMENT**

This Agreement dated \_\_\_\_\_ between \_\_\_\_\_,

Owner, and \_\_\_\_\_, Beneficiary

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Owner agrees to transfer all rights to the space to the Beneficiary. Upon the death of the beneficiary named in this agreement, an Interment Authorization Agreement will need to be signed.

Beneficiary Information
Name
Relationship to Purchaser

Description of Property		
Cemetery:		
Block	Lot	Space

Owner \_\_\_\_\_ Date \_\_\_\_\_

Beneficiary \_\_\_\_\_ Date \_\_\_\_\_

*This form must be notarized to be valid.*

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed, for the purposes therein set forth.

\_\_\_\_\_  
 (Notary Public)

My Commission Expires \_\_\_\_\_