

AFFIDAVIT OF OWNERSHIP AND INDEMNIFICATION

Personally appeared before the undersigned attesting officer duly authorized to administer oaths, \_\_\_\_\_, who upon being duly sworn deposes and states upon his/her oath as follows:

-1-

My name is \_\_\_\_\_ and I am an adult resident of \_\_\_\_\_ and laboring under no disability and otherwise competent and able to make and give this Affidavit based on my personal knowledge and for the purpose of filing with the Mayor and Council of the City of Dalton to evidence either a lost deed previously issued to \_\_\_\_\_ ("Owner") or the person or persons obtaining ownership of the deed by inheritance or otherwise.

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On or about \_\_\_\_\_, Owner purchased from the City of Dalton, Cemetery Lot(s) Number \_\_\_\_\_ in Block \_\_\_\_\_ of the \_\_\_\_\_ Addition of the Westhill Cemetery in the City of Dalton, the same being \_\_\_\_\_ feet long by \_\_\_\_\_ wide (the "Lot").

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The following persons are entitled to all of the interest of Owner in the Lot by virtue of being an heir/devisee/grantee (circle the one that applies) of Owner: **Please Print Names**

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

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This Affidavit is given subject to the penalties of perjury and false swearing as set for in O.C.G.A. §16-10-71.

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I acknowledge that the City of Dalton is relying upon this Affidavit to issue a cemetery easement in the Lot to the person or persons named in paragraph 3 of this Affidavit. I agree to indemnify, defend and hold the City of Dalton harmless for any liability loss, damage or cost it may incur as a result of a determination by a court of competent jurisdiction that the person or persons named in said paragraph 3 hereof have no entitlement to the interest in the Lot conveyed by the City of Dalton in reliance on this Affidavit.

Further deponent sayeth not.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

Sworn to and subscribed before me  
this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Telephone Number

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

Original Owner Consent (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

If Deceased (check here) [  ]

City, State & Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_