BURIAL RIGHTS SUCCESSOR AFFIDAVIT

Assignment Designation

CHASER:	DATE: _	
Purchaser Last Name	Purchaser First Name	Middle Initia
Purchaser Street Address	Purchaser City	Zip Code
GNEE:		
Purchaser Last Name	Purchaser First Name	Middle Initia
Purchaser Street Address	Purchaser City	Zip Code

By completing the section above and signing below, I understand that as the Purchaser I may designate this Interment Right to be used by a Designee. The Guadalupe Public Cemetery District will identify the residence

of the Designee as in-district or out-of-district, and all fees must be paid prior to interment.

By signing below, I acknowledge that I have been informed and understand the Guadalupe Public Cemetery District policy that when a burial contract is complete at a grave location and the owner of the lot has deceased, no additional burials may take place in that location unless the 2nd burial is for a spouse or registered domestic partner and all fees are paid.

By signing below, I acknowledge that: 1) I have been informed and understand my rights as Purchaser of the Burial Rights; 2) I have received a copy of the Guadalupe Public Cemetery District Rules and Regulations; and 3) that the Health and Safety Code 9069.20 and Probate Code 6400 to 6413 state the Rights of Succession.

I understand that I have the Right to Inter in the above-referenced location in the following manner: ONE GRAVE MAY CONTAIN A SINGLE CASKET BURIAL AND FOUR CREMATED REMAINS

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	Purchaser Sign	nature for <i>i</i>	Assignment	Designation 8	ሄ Acknowled	gement

ASSIGNMENT DESIGNATION

By signing below, I hereby assign and designate these Interment Rights, subject to the restrictions below, to the following in the order named:

1								
	Last Name	First Name	Middle Initial					
	Identification Number	Identification Type						
2								
	Last Name	First Name	Middle Initial					
	Identification Number	Identification Type						
3								
	Last Name	First Name	Middle Initial					
	Identification Number	Identification Type						
4								
	Last Name	First Name	Middle Initial					
	Identification Number	Identification Type						
5								
	Last Name	First Name	Middle Initial					
	Identification Number	Identification Type						
	er acknowledge and understand that th not assign new ownership unless I am no							
	nent Rights will pass in the order that I h until I have changed and filed a new des							
	Purchaser Signature for Assignment Designation							

RIGHTS TO SUCCESSION OF OWNERSHIP

As Referenced in Health and Safety Code 9069.25 and Probate Code 6400 to 6413

Decedent or Owner on Record

1

Decedent's Agent under POA for Health Care

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Decedent's Spouse or Registered Domestic Partner

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Decedent's Child/Children



Decedent's Parent/Parents



Decedent's Sibling/Siblings



Decedent's Grandparent/Grandparents



Decedent's Uncles or Aunts



Predeceased Spouse's Children (Decedent's Step Children)



All other surviving next of kin in the order of claim through nearest ancestor



Predeceased Spouse's Parents



Surviving Issue of Parents of Predeceased Spouse (Brothers and Sisters In-Laws)