

# Silverbrook Cemetery Company

3300 Lancaster Avenue | Wilmington, DE 19805

phone: 302 658 0953 | fax: 302 658 4227

## TRANSFER OF OWNERSHIP AGREEMENT

**IMPORTANT: CAREFULLY READ ALL INFORMATION AND INSTRUCTIONS**

Date:

**A** For value received, I/we hereby sell, assign, and transfer and direct Silverbrook Cemetery Company to issue a Certificate of Ownership to the following: **This section must be completed with new owner information before the signature(s) of the current owner(s) are notarized; otherwise the document will be void.**

**New owner's name and information; include any owners that will remain on title.**

Print Name	
Soc. Sec. #	M/F:
Street Address	
City/State/Zip	
Phone #	Birth Date

Print Name	
Soc. Sec. #	M/F:
Street Address	
City/State/Zip	
Phone #	Birth Date

Print Name	
Soc. Sec. #	M/F:
Street Address	
City/State/Zip	
Phone #	Birth Date

Print Name	
Soc. Sec. #	M/F:
Street Address	
City/State/Zip	
Phone #	Birth Date

**B** All rights, title and interest in the property specified below:  
**(List only property to be transferred).**

Original certificate is: (check one)  Attached  Lost

Type of Property transfer (check one)

- Within family
- Private sale
- Broker-assisted sale
- Charitable

Section	Lot	Grave(s)
Section	Lot	Grave(s)

**C** All current owner(s) and their spouse(s) must sign and complete the information below:

**By signing this agreement you have acknowledged the intent of this ownership change to the person(s) named in Section A. (Each signature must be notarized).**

**Seller's name, information, and notarized signature.**

Print Name	
Street Address	
City/State/Zip	
Phone #	Birth Date
Status (check one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Signature	
Official Use Only:	
DL#	Exp# Intl
Name of Spouse	
Signature	
Official Use Only:	
DL#	Exp# Intl

Print Name	
Street Address	
City/State/Zip	
Phone #	Birth Date
Status (check one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Signature	
Official Use Only:	
DL#	Exp# Intl
Name of Spouse	
Signature	
Official Use Only:	
DL#	Exp# Intl

Print Name	
Street Address	
City/State/Zip	
Phone #	Birth Date
Status (check one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Signature	
Official Use Only:	
DL#	Exp# Intl
Name of Spouse	
Signature	
Official Use Only:	
DL#	Exp# Intl

Print Name	
Street Address	
City/State/Zip	
Phone #	Birth Date
Status (check one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Signature	
Official Use Only:	
DL#	Exp# Intl
Name of Spouse	
Signature	
Official Use Only:	
DL#	Exp# Intl