

**RECONVEYANCE OF PLOT TO CITY AFFIDAVIT**

STATE OF FLORIDA)  
COUNTY OF PALM BEACH)

I, \_\_\_\_\_, being duly sworn, depose and say the following:

1. The name of the owner of the burial plot described below is: \_\_\_\_\_.
2. I hereby swear and affirm that the owner is deceased and \_\_\_ have/ \_\_\_ have not attached his/her death certificate hereto to document the same.
3. My mailing address and phone number are:  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
4. My relationship with the owner is as follows:  
\_\_\_\_ Surviving spouse  
\_\_\_\_ Son or daughter who is 18 years of age or older  
\_\_\_\_ Parent  
\_\_\_\_ Brother or sister who is 18 years of age or older  
\_\_\_\_ Grandchild who is 18 years of age or older  
\_\_\_\_ Grandparent  
\_\_\_\_ Any person in the next degree of kinship (after grandparent)  
\_\_\_\_ Domestic partner of the owner, as defined by current city policy  
\_\_\_\_ Legal heir  
\_\_\_\_ Personal Representative of the Will and Last Testament or Estate of the Decedent  
\_\_\_\_ Other: \_\_\_\_\_
5. I wish to reconvey Plot No. \_\_\_\_\_ Section No. \_\_\_\_\_ at the \_\_\_\_\_ Cemetery to the City as set forth in the attached "Cemetery Plot Reconveyance Deed" and I represent that no cremains or remains are currently buried therein.

I hereby represent that I am the sole heir of the deceased and/or are legally authorized or charged with the responsibility for such plot. I certify and represent that I have the right to make this authorization and to enter into the attached "Cemetery Plot Reconveyance Deed" and I hereby agree to hold harmless, defend, and indemnify the City of Lake Worth Beach, its officials, employees, representatives, and agents from any claims, liability, causes of action, damages, attorneys' fees and costs arising or related in any respect to or on account of this authorization and/or the reconveyance of the plot to the City. Nothing contained in this Authorization or the associated "Cemetery Plot Reconveyance Deed" shall create a contractual relationship with or a cause of action in favor of a third party against the City.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 2022 by \_\_\_\_\_.

[Notary Stamp]

\_\_\_\_\_  
(Signature of Notary Public –State of Florida)

\_\_\_\_ Personally known OR  
\_\_\_\_ Produced Identification  
Type of Identification Produced: \_\_\_\_\_