

INTERMENT AUTHORIZATION

Inglewood Park Cemetery: You are hereby authorized and instructed, subject to your rules and regulations to make and interment in the following described property:

Lot 591 Space 6 Garden of Memories

I/we hereby certify that I am/we are the owners(s) of the said grave/crypt/niche/lawncrypt, and hereby authorize such interment, subject to the sale of said property to person or persons to be used for this purpose, in accordance with my/our Exclusive Authorization and Right to Sell.

Signed,

Jane Turner

May 05, 2000

Date

Date

Date

SAMPLE

State of <u>California</u>	OPTIONAL SECTION
County of <u>Los Angeles</u>	CAPACITY CLAIMED BY SIGNER Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.
On <u>May 21, 2001</u> before me, <u>Jerry Upchurch "Notary:"</u>	<input type="checkbox"/> INDIVIDUAL
Date	<input type="checkbox"/> CORPORATE OFFICERS
personally appeared <u>Jane Turner</u>	<input type="checkbox"/> PARTNERS TITLE(S) <input type="checkbox"/> LIMITED GENERAL
NAME, TITLE OF OFFICER- E.G., "JANE DOE, NOTARY PUBLIC"	<input type="checkbox"/> ATTORNEY-IN-FACT
NAME(S) OF SIGNER(S)	<input type="checkbox"/> TRUSTEE(S)
<input checked="" type="checkbox"/> personally known to me-OR- <input type="checkbox"/> Proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/ are subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	<input type="checkbox"/> GUARDIAN/CONSERVATOR
WITNESS my hand and official seal.	<input type="checkbox"/> OTHER: _____
_____ SIGNATURE OF NOTARY	SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES) _____
OPTIONAL SECTION	
THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:	TITLE OR TYPE OF DOCUMENT _____
	NUMBER OF PAGES _____ DATE OF DOCUMENT _____
	SIGNER(S) OTHER THAN NAMED ABOVE _____
<small>Though the data requested here is not required by law, it could prove helpful in determining the validity of this form.</small>	

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Signed,

Date

Date

Date

State of _____

County of _____

On _____ before me, _____
Date NAME, TITLE OF OFFICER- E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared _____
NAME(S) OF SIGNER(S)

personally known to me-OR- Proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/ are subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
 CORPORATE OFFICERS
- PARTNERS TITLE(S) LIMITED
 GENERAL

- ATTORNEY-IN-FACT
 TRUSTEE(S)
 GUARDIAN/CONSERVATOR
 OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT _____
NUMBER OF PAGES _____ DATE OF DOCUMENT _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

**POWER OF ATTORNEY
SPECIAL**

KNOW ALL MEN BY THESE PRESENTS: That I,

hereinafter individually and/or collectively "principal", hereby makes, constitutes and appoints JOHN M. HARRIS AND/OR HIS ASSIGNS...D.B.A. John M. Harris Co., principal's true and lawful attorney to act for principal's name, place, and stead for principal's use and benefit. Power extends to licensed Independent Contract Agents who may be involved in the sale of such property with current written authority from John M. Harris.

To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

This listing and Power of Attorney: (check one only) to correspond with listing agreement.

___May NOT be canceled for Five (5) years, provided no sale is in progress at the time.

___May NOT be canceled for One (1) year from date of listing, provided no sale is in progress at the time.

___May be canceled at any time by giving ten (10) days written notice, provided no sale is in progress at the time.

Any cancellation must be in writing to JOHN M. HARRIS. JOHN M. HARRIS CO..

This power of Attorney shall not be affected by the subsequent incapacity of the principal.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this _____ day of _____, 20_____

Principal's Signature

Principal's Signature

Print Name

Print Name

D.O.B. _____ SS# _____ D.O.B. _____ SS# _____

STATE OF _____

COUNTY OF _____ On this _____ day of _____, in the year 20_____, before me, the undersigned, a Notary in and for the said State, personally appeared _____ Personally known to me (or proved to me basis of satisfactory evidence) to be the person whose name(s) is/are subscribed to the instrument, and acknowledged to me that he/she/they executed the same in his/her /their authorized capacity(ies) and that by his/her/their/ signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS by my hand and official seal.

Notary Public in and for said State