

RELEASE OF INTEREST

I, _____, do hereby
release and forever quit-claim all right, title, interest, use, trust, claim, and demand whatsoever, in
_____; in the Mount Olivet
Cemetery, which is located at 12801 W. 44th Avenue, in Wheat Ridge, Colorado so that neither I, nor my
heirs or assigns, shall, or will hereafter have, claim, challenge or demand any right, title, or interest
whatsoever in this location to:

NAME OF BUYER: _____

ADDRESS OF BUYER: _____

Signature: _____

Date: _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20____.

State of _____
County of _____

Subscribed and sworn to before me a Notary Public by _____ this _____ day of
_____ 20____.

NOTARY PUBLIC

Affidavit of Heirs

I, _____ hereinafter referred to as Affiant, being first duly sworn does hereby state under oath as follows:

1. _____, hereinafter referred to as Owner, is deceased.
2. Owner purchased interment rights in _____ of Mount Olivet Cemetery.
3. I am a legal heir of Owner.
4. I am (check one):
 - ☐ The only living heir of Owner
or
 - ☐ One of _____ living heirs, who are the next of kin (closest living), of Owner
 - The following persons are the other living heirs of Owner:

_____	_____
_____	_____
_____	_____
_____	_____

5. I agree to indemnify, hold harmless, defend, release, and forever discharge the Mount Olivet Cemetery Association, its officers, agents, employees, and any person or persons under its direction and control from and against any and all liability, claims, demands, actions, damage, loss or expense (including attorneys' fees and costs) of any kind whatsoever arising out of or in connection with this Affidavit.

FURTHER THE AFFIANT SAITH NOT.

Signature

State of _____)

County of _____)

On this _____ day of _____, 20____, before me personally appeared _____ to me known to be the person who executed the foregoing Affidavit of Heirs.

Notary Public Signature _____

My Commission Expires _____

Notary Stamp or Seal

MOUNT OLIVET CATHOLIC CEMETERY

12801 West 44th Avenue
Wheat Ridge, CO 80033

TEL (303) 424-7785
FAX (303) 424-5263
www.cfcsDenver.org

IRREVOCABLE TRUST

Date: _____

I wish Mount Olivet Cemetery/Archdiocese of Denver Mortuary to accept this as an **IRREVOCABLE TRUST** for:

☐ Funeral Plan Agreement # _____

☐ Opening/Closing/Vault/Lettering Agreement # _____

☐ Other _____ Agreement # _____

Any portion of the preneed burial contract not expended for burial costs shall be refunded to the state Medicaid department by the mortuary or funeral home as reimbursement for the cost of medical assistance provided to the individual. 25.5-4-302(6), C.R.S. Currently, the department responsible for medical assistance in Colorado is the Department of Health Care Policy and Financing.

Name of beneficiary

Signature of responsible party and relationship

Address, City, State, Zip

Phone Number

Witness Signature

Approved by: (Cemetery/Mortuary Director)



Living Our Mission

CATHOLIC FUNERAL & CEMETERY SERVICES
OF NORTHERN COLORADO