



Hillside Cemetery
Lot/Burial Rights Transfer Application/Proof of Heirship

Applicant Information:

Deed Owner/Applicant _____ *if you are not the deed owner, what is your relationship to the decedent?* _____

Address of Applicant: _____ City/State/Zip _____

Phone # _____ Email: _____

Name of Transferee: _____ Relationship: _____

Address of Transferee: _____ City/State/Zip _____

Phone # _____ Email: _____

Plot Information:

Block #	Lot #	Dir/Grv #	Number of Graves Owned	Number of Graves Used	Number of Graves Available	Number of Graves Transferring

Owner Information:

1. Are you the Deed Holder/Lot Owner? ☐ Yes ☐ No *(If yes, skip to question #9)*
(please provide copy of deed)

2. Name(s) of Deed Holder/Lot Owner on record:

3. Is the original Deed Holder/Lot Owner(s) living? ☐ Yes ☐ No
(If no, please provide death certificate if not interred at Hillside Cemetery)

4. If Deed Holder/Lot Owner(s) deceased, was there a Last Will and Testament? ☐ Yes ☐ No
(If yes, please provide a copy)

5. Was the Deed Holder survived by a spouse? ☐ Yes ☐ No
If yes, Name of spouse: _____ Is spouse deceased? ☐ Yes ☐ No

6. Relationship to Deed Holder/Lot Owner(s) ☐ Spouse ☐ Personal Representative/EOE ☐ POA
☐ Heir ☐ Other _____ *(please provide proof documents)*
(If you are the decedent's spouse, skip #7 & #8)

7. List all surviving heir(s) of Deed Holder/Lot Owner(s) **according to Basic Order of Inheritance:**

1. Surviving Spouse
2. Children *(If one of the children has predeceased, list children of the deceased child)*
3. Parents
4. Siblings
5. Grandparents
6. Uncles, Aunts, and Cousins

Name	Relationship	Address	Phone #

(Add additional list on separate sheet, if needed.)

8. ***All persons with rightful owner-interest must agree to the cemetery lot/burial rights transfer request and will need to attach a notarized statement(s) indicating they have no objections to the transfer. (RELEASE BY HEIR FORM IS ATTACHED.)***

Note: If there are no direct or indirect heirs, applicant may inherit the burial rights: however, the applicant must demonstrate beyond a reasonable doubt that they are appropriate heirs. The applicant must show that no other living person is more closely related to the Deed Holder/Lot Owner of record.

9. List the names of the individual(s) who the vacant spaces will be assigned to in the section below:

Name	Block	Lot	Dir/Grv #	Address	Phone #

10. The undersigned hereby certify all statements are true and hereby agree to indemnify the Village of Genoa City, its employees and agents and hold it harmless from all claims, loss, liability and causes of actions by third parties including, but not limited to, any and all property damage and/or physical injury involving burial rights arising out of this Cemetery Lot/Burial Rights Transfer.

Additionally, the undersigned has reviewed the rules and regulations regarding cemetery for the Village of Genoa City and agrees to abide by the terms outlined therein both now and as may be modified in the future.

The undersigned agrees to pay a Transfer Fee of \$35.00 payable to the Village of Genoa City.

Applicant/Owner Signature: _____ Date: _____

Transferee Signature: _____ Date: _____

For Office Use Only

Date: _____ Total Paid: \$ _____ ☐ Cash ☐ Check # _____

Received By: _____ Verified Cemetery Records: ☐ Yes ☐ No Date Verified: _____

Notes: _____

Please return application and all attachments to:
Village of Genoa City • 755 Fellows Rd, PO Box 428, Genoa City, WI 53128 or email to: clerktreasurer@vi.genoacity.wi.gov.



Village of Genoa City

755 FELLOWS RD ▪ P.O. Box 428
Genoa City, WI 53128
262-279-6472 Office ▪ 262-279-6618 Fax

Hillside Cemetery Release by Heir

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn on oath, state I am an heir of
_____ (name of deceased), and that I release my right title and interest in
the burial site in the Village of Genoa City, Hillside Cemetery,
Block _____ Lot _____ Dir/Grave(s) _____ to my
_____ (relationship), _____ (name), to claim
on my behalf.

Dated this _____ day of _____, 20____.

(signature of heir/claimant)

(printed name of heir/claimant)

Subscribed and sworn to before me dated
this _____ day of _____, 20____.

Notary Seal:

Name and Signature

NOTARY PUBLIC

My commission expires: _____, 20____.