Louth Town Council

The Sessions House, Eastgate, Louth, Lincolnshire LN11 9AJ - Tel: 01507 355895 clerk@louthtowncouncil.gov.uk

FORM OF ASSENT OF EXECUTOR or ADMINISTRATOR - LONDON ROAD CEMETERY, LOUTH

| Upon completion please return to Louth Town Co | | - · · · · · · · · · · · · · · · · · · · | |
|---|-------------------------|---|-----------|
| l (full name) | | | |
| of (address) | | | |
| | | Post code | |
| *delete as appropriate Being the *a) executor of the Will of | | proved in | |
| *b) the Administrator of the Estate of | | acting under Letters of | |
| Administration granted by | | | |
| onday of | | 20 | |
| *c) completed a Statutory Declaration on | day of _ | 20 | |
| do hearby assent to the transfer to (name) | | | |
| of (address) | | | |
| | | post code | |
| The Exclusive Right of Burial in the London Road | Cemetery, Louth whic | h was granted to the said | |
| (name of original owner) | | | |
| By Louth Town Council, EX/RT certificate | dated | and all my estate, title and in | terest |
| therein, to hold the same until the said | | _ subject to the conditions on which | I held th |
| same immediately before the execution thereof. | | | |
| Witness my hand this | day of | 20 | |
| Signed | | | |
| | | | _ |
| The Witness should be a neutral third party with be family members. | no financial or other i | nterest in the agreement. Witnesses (| cannot |
| Witness | Siged | | |
| Address | | Post code | |
| | | (Occupatio | on) |