

MASSEY'S CEMETERY SALES APPRAISAL FORM

Date: _____

First Name: _____ Last Name: _____

Address: _____ City _____ St _____ Zip _____

Phone: _____ Fax: _____ Email _____

Cemetery: _____ Address: _____

Location/Section

Plot/Niche/Crypt: _____

How many? _____ Singles/Companion _____

Cemetery's asking price:\$ _____ Your asking price \$ _____

Have you advertised? Y _____ N _____ Any results? _____

Are you the owner, if not, name on Deed: _____

Is there a Will or Trust/Power of Attorney: _____

Any additional information: _____

If you have any questions regarding your cemetery property, please feel free to call us.

You may fax or mail your appraisal to:

Massey's Cemetery Sales

Attn: Michelle Rich

25923 S. Western Ave., Lomita, CA. 90717

Store: 310.325.1954 Fax: 310.325.1932

For Office Use Only:

Sent Listing info: _____

Date: _____