

Disinterment Summary

Licensee _____
 City/State _____

Did you* have any disinterment of WILBERT brand name burial vaults during this month? Yes No

If yes, how many disinterments this month? _____

Please complete and submit this form for each disinterment you are reporting this month.

**Includes any one or more of your Sub-Licensees and/or Distributors*

■ **WILBERT brand name burial vault -**

A sealed burial vault manufactured under the Wilbert Trademark/ Patent License(s) containing a Strentex® liner, an ABS Marbelon liner, an ABS Trilon® liner or an ABS seamless exterior and interior membrane, on which a royalty payment is required. The "Monarch" is not to be considered a WILBERT brand name unit under this definition.

■ **Disinterment of a WILBERT brand name burial vault -**

The unearthing (digging-up) of a WILBERT brand name burial vault for any purpose. This includes the movement of the unit and/or its contents from one location to another, even if it is to remain in the same cemetery, and whether or not the contents of said unit are removed for any purpose.

Burial Info

Name of deceased _____
 Burial date _____
 Cemetery _____
 Location in cemetery _____
 Funeral director _____
 City/State _____

Disinterment Info

Disinterment date _____
 Disinterment time _____
 Funeral director _____
 City/State _____
 Disinterment requested by _____
 Made by _____

Was guarantee surrendered? Yes No

If not, was notice of cancellation given? Yes No

Witnesses present at disinterment:

Witness 1 _____
 Witness 2 _____
 Witness 3 _____
 Witness 4 _____

Remarks

Vault Info

The Wilbert Bronze® Bronze Triune® Copper Triune®
 SS Triune® Cameo Rose® Veteran Triune®
 Venetian® White Venetian® Citadel™
 Monticello® Salute® Continental®

Condition of vault _____

Was vault opened? Yes No

If so, by whom? _____

Condition of casket and clothing _____

Was vault reburied? Yes No

Cemetery _____

Location in cemetery _____

If vault was not reburied, disposition of remains:

New Vault Cremation Mausoleum

Other _____

Was written notice received by Licensee 24 hrs prior to disinterment? Yes No

Was proof of claim filed? Yes No

If so, by whom? _____

Claim date _____

Replacements (if any) _____

Replacement costs _____

If digital photographs were taken, email to KKubicz@Wilbert.com.

Fax Form To: 708-865-1640

If testimonial letters were obtained, submit the originals to the Licensor for duplicating.

For replacement costs, please submit complete details substantiated by receipts, invoices, etc.