

SPOUSAL REMOVAL AFFIDAVIT

1.	I hereby declare that my spouse		
	(Name)	(Name)	
	died on the date of(Date)	and the property ("the Property") located	
	at(Address)	was owned by both o	f us.
2.	The ownership of the Property now vest w	vith meand I her (Name)	.eby
	request that the City of Corner Brook upda	ate its information pertaining to the Property to show t	that
	my deceased spouse no longer has any interest in the Property.		
3.	I agree that the City of Corner Brook is ma	king the change in property ownership at my request f	or
	the sole purpose of property taxation and	the City of Corner Brook makes no representation.	

warranty or guarantee of title or ownership to the Property and I waive, indemnify and save

harmless the City of Corner Brook from any dispute(s) that may arise regarding title or ownership to the Property.

4. I acknowledge that it is a criminal offence to give false information in an affidavit.

Sworn to at <u>The City of Corr</u>	ner Brook on the day of	, 20
Signature:	Witness:	
For Office Use Only		
Roll #	Customer ID #	
PID #		
	www.cor	nerbrook.com
City of Corner Brook	P.O. Box 1080, Corner Brook, NL A2H 6	E1 Tel: 709-637-1500