

**THE COLUMBUS INDIANA ARCHITECTURAL ARCHIVES  
DEED OF GIFT AND TRANSFER OF COPYRIGHT**

Donor(s) : Mr. .... Mrs. .... Ms. ....  
Last Name .....  
First Name(s) .....  
Address .....  
City / State / Zip .....

I (we) affirm that I (we) are the sole and lawful owners of said architectural records and of all rights, title, and interest in, to, and associated with these records and that I (we) have full right and lawful authority to convey such records and such rights, title, and interests, in the manner herein set forth.

Description of Gift:  
I (we) hereby give, donate, and convey all right, title, and interest in the following records to the Columbus Indiana Architectural Archives (CIAA):

The value of donations to the CIAA is deductible from the donor's taxable income in accordance with provisions of federal income tax laws. Determination of the value of the donation for tax purposes is the responsibility of the donor(s). (If an appraisal has been completed, please see attached copy.)

**SPECIFICATION OF RIGHTS, TITLE AND INTERESTS TRANSFERRED :**

I (we) hereby transfer and assign any and all copyrights, which I (we) possess in the records to the Columbus Indiana Architectural Archives, with the exception that I (we) retain ownership of any and all copyrights for the design of buildings or structures represented in the records. I (we) understand that any and all rights, responsibilities, and liabilities arising from copyrights which I (we) retain are mine (ours) alone.

Conditions/Limitations on use of Gift: (check the choice that applies)

None

The following conditions/limitations described below apply to CIAA's use of the gift:

Disposition Authority: It is my (our) wish that records not retained by the CIAA be:

Returned to my family or me.

Discarded at CIAA's discretion.

**TERMS OF DELIVERY:**

**PLEASE SIGN, DATE, AND RETURN ALL COPIES TO THE CIAA:**

Columbus Indiana Architectural Archives

c/o Bartholomew County Public Library

536 Fifth St.

Columbus, IN 47201

**A SIGNED COPY WILL BE SENT TO YOU FOR YOUR RECORDS.**

Signature of Donor(s) .....

Date .....

Signature of Donor(s) .....

Date .....

The Columbus Indiana Architectural Archives acknowledges the donation of records and the transfer and assignment of copyrights.

Signature of CIAA Official .....

Date .....

**ACKNOWLEDGEMENT**

Please indicate how you would like to be acknowledged for tax records, label and/or catalog information.

Same as donor information.

Mr..... Mrs..... Ms.....

Last Name .....

First Name(s) .....

Address .....

City / State / Zip .....