

# DEED OF GIFT

Strecker Museum Complex  
Baylor University  
P. O. Box 97154 • Waco, TX 76798  
(817)755-1110

I/We \_\_\_\_\_ the undersigned, hereby unconditionally and irrevocably convey, donate, give, and deliver the item(s) listed and/or described below or on the attached pages to the Strecker Museum of Baylor University. I/we waive all present and future right, title, and interest in the listed item(s).

This gift also includes all present and future copyright, trademark, reproduction, and associated rights to the listed item(s).

I/We acknowledge that the Museum can and will use these in any manner that is deemed to be in the best interest of the Museum in accordance with the collections policy on the reverse of this agreement.

I/We have read and understand the conditions listed on the reverse of this agreement.

I/We also certify that I am/we are the only legal and lawful owner(s) of the item(s) listed below or on the attached pages, and have sole authority to make this gift.

I/We acknowledge actual delivery of the item(s) listed below to the Strecker Museum.

Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date items received \_\_\_\_\_

ITEM(S)/SPECIMEN(S):

Accession Number: \_\_\_\_\_

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Donor

Date: \_\_\_\_\_ (Please sign one copy and return it to the museum; retain the other copy.)

ACCEPTED BY and agreed to for Strecker Museum by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

Tax receipt required: \_\_\_\_\_ Detailed invoice requested: \_\_\_\_\_ No. of Pages: \_\_\_\_\_ Done: \_\_\_\_\_ Date: \_\_\_\_\_

Montgomery Pioneer Museum  
Certificate of Gift

Name of Donor \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Description of Gift:

I (we), being the sole legal owner(s) of the property described above, hereby give the Montgomery Pioneer Museum, for its use and benefit without restriction as to use or disposition, the property described above. In addition, I (we) give all copyright and associated rights I (we) have. To the best of my (our) knowledge I (we) have good and complete right, title, and interest (including all transferred copyright, trademark, and related interests) to give. I (we) have no objections to my (our) name(s) appearing as donor(s) in connection with this gift in Museum records, publications, and other descriptions.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

8/16/99 "msgift"

PEABODY MUSEUM OF NATURAL HISTORY  
YALE UNIVERSITY  
170 WHITNEY AVENUE  
P.O. BOX 208118  
NEW HAVEN, CT USA 06520-8118

DEED OF GIFT

Accession No. \_\_\_\_\_

Division: \_\_\_\_\_

I (We), \_\_\_\_\_, hereby give to the Peabody Museum of Natural History, Yale University, absolute and unconditional ownership of the property described below. I (we) assign to the Peabody Museum of Natural History, Yale University full powers of management, access, display, conservation and disposition at its sole discretion.

I (We) also give to the Peabody Museum of Natural History, Yale University, any copyright and associated rights to the property that I (we) may have. (If there is a copyright to which you do not own the rights please specify the owner:) \_\_\_\_\_.

Property description:

I (We) wish that the gift be identified to the public as: Gift of \_\_\_\_\_

I (We) own the property described above absolutely and without encumbrance and I (we) have the right to convey it. To the best of my (our) knowledge, this property has not been imported or exported into or out of any country contrary to its laws. The Museum is relying on these representations in accepting this donation.

Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted on behalf of the Peabody Museum of Natural History, Yale University, by:

\_\_\_\_\_  
Signature of Curator Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Director Date: \_\_\_\_\_



Page \_\_\_\_\_ of \_\_\_\_\_

Accession No. \_\_\_\_\_

## DEED OF GIFT TO HISTORICAL MUSEUM AT FORT MISSOULA

By these presents I (we) irrevocably and unconditionally give, transfer, and assign to the *HISTORICAL MUSEUM AT FORT MISSOULA* by way of gift, all right, title, and interests (including all copyright, trademark and related interests\*), in, to and associated with the object(s) described below. I (we) affirm that I (we) own said object(s) and that to the best of my (our) knowledge I (we) have good and complete right, title, and interests (including all transferred copyright, trademark and related interests) to give.

The donor understands that the *HISTORICAL MUSEUM AT FORT MISSOULA* will carefully and continually assess its collection. Items deemed surplus to the Museum's collection may be exchanged with another institution, returned to the donor, or otherwise disposed of in accordance with the Museum's Collection Management Policies and Procedures.

The Museum acknowledges receipt on this date of the physical delivery to the Museum of the gift as described above.

\_\_\_\_\_ Signature \_\_\_\_\_  
*Museum Representative (Please print)*

Title \_\_\_\_\_ Date of Receipt of Gift and Deed: \_\_\_\_\_

\_\_\_\_\_ (Print Donor's Name)

Donor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Zip \_\_\_\_\_ Donor \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print Donor's Name)

Donor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Zip \_\_\_\_\_ Donor \_\_\_\_\_ (Signature)

\*If less than all copyright, trademark and related interest are given, specify above or on reverse side of this Deed of Gift.  
 If pages are appended to this Deed, there are \_\_\_\_\_ pages total, including this page.

**Deed of Gift**

Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I (we) hereby irrevocably and unconditionally give, donate, deliver, transfer, and assign to the \_\_\_\_\_ Museum by way of gift all right, title, and interests (including, but not limited to, all applicable copyright, trademark, and related interests) in, to, and associated with the property, hereinafter described, to be used by the Museum at its unrestricted discretion. I (we) affirm that I (we) own said property and that to the best of my (our) knowledge I (we) have good and complete right, title, and interest (including, but not limited to, all applicable copyright, trademark, related interests) to give.

I (we) agree that the object(s) will become part of the exclusive and absolute property of the Museum and that it (they) may be managed in any ethical manner consistent with established professional standards, Museum policy, and governmental regulations, with no restrictions on its (their) use or disposition.

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

received for the \_\_\_\_\_ Museum

by Curator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Museum Director: \_\_\_\_\_

**Deed of Gift**

*Everyday Language Translation*

By signing this, I give and deliver my object forever and with no conditions to the Museum. I give the museum all rights to the object. These rights include the right to publish pictures of it for sale or use. I also say that I did own the object and had the right to give it to the museum.

I agree that the object will become the property of only the Museum. The Museum will manage it in an ethical, professional way. The Museum can use it or dispose (trade or give it away) of it in any way they want, following the Museum's policies.

**Donor Questionnaire**

(Decorative Art or Historical Object)

Name of Donor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Artifact: \_\_\_\_\_

1. Who first owned this item?
2. When did he/she live?
3. Where did he/she live?
4. About when was the object made or bought?
5. Where was it made?
6. Who made it?
7. Was the object used for a particular purpose?
8. What was the occupation of the owner? That of the owner's parents or spouse?
9. How did you get this object?
10. Is this object part of a set? If so, describe it.
11. Do you have any photographs of the object being used?
12. Do you have any other documents about the object? (letters, plans, receipts, instructions)
13. Do you have any other information about the object that might be useful for us to know?

# NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY

Independence Mall East • 55 N. 5th St. • Philadelphia, Pennsylvania 19106 • (215) 923-3811

## DONOR QUESTIONNAIRE

Please answer any questions that you are able to. This information is very important in helping us to fully document artifacts in our collection and to use them in our interpretive programs and exhibitions.

Name \_\_\_\_\_ Object \_\_\_\_\_

How long have you owned this object? \_\_\_\_\_

How did you acquire it? Purchase \_\_\_\_\_ Inheritance \_\_\_\_\_ Gift \_\_\_\_\_ Found \_\_\_\_\_  
Other \_\_\_\_\_

From whom did you acquire it? Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Place \_\_\_\_\_

When did you acquire it? \_\_\_\_\_

Were there any previous owners? \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marriage Date \_\_\_\_\_ Spouse \_\_\_\_\_

Children \_\_\_\_\_

Death Date \_\_\_\_\_

Where Lived \_\_\_\_\_

Occupation \_\_\_\_\_

Who made it? \_\_\_\_\_ Where Made/Purchased? \_\_\_\_\_

When Made/Purchased? \_\_\_\_\_

What materials is it made of? \_\_\_\_\_

Did you perform any repairs or make any changes to it while it was in your care? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

If yes, explain: \_\_\_\_\_

How was it used? \_\_\_\_\_

Who used it? \_\_\_\_\_

Where was it used? \_\_\_\_\_

When was it used? \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you run out of room, please use back of sheet or attach additional pages. Thank you for your time and effort in completing this form.



### Object history

Please take a few minutes to answer the questions you can on this form.  
The more information we have about an object, the more useful it is to us.

Object: \_\_\_\_\_

Donor's name: \_\_\_\_\_

Donor's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you acquire this object? \_\_\_\_\_  
(date if possible, or time period)

How did you acquire this object?  purchase  
 gift (from whom? \_\_\_\_\_)  
 inheritance (from whom? \_\_\_\_\_)  
 found it  
 excavated it  
 other (describe) \_\_\_\_\_

In what geographical location did you acquire the object? (state, county, city, or specific site)  
\_\_\_\_\_

List the previous owners of the object if you know who they were: \_\_\_\_\_

Name the person who made the object, if you know, and how you know this information.

Do you know where the object was made? If so, how do you know? \_\_\_\_\_  
\_\_\_\_\_

Do you know any unusual details about the manufacture of this object?

Can you identify the materials from which this object was made? \_\_\_\_\_  
\_\_\_\_\_

Do you know why the object was made? (personal use by maker; gift; resale or trade, etc.) \_\_\_\_\_  
\_\_\_\_\_

How has this object been stored or used? \_\_\_\_\_

Are you aware of any good sources of information about this object? (Publications, photographs, individuals, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you. Your answers to this form helps us record vital information about the object you donated.  
It may be of help to us in the future, and we can make better use of your donated object.

MONTGOMERY PIONEER MUSEUM  
ACCESSION RECORD

Accession No. \_\_\_\_\_

Date \_\_\_\_\_

Gift/Donation

Purchase \$ \_\_\_\_\_

Exchange

Loan

Other \_\_\_\_\_ Received by \_\_\_\_\_

Object name \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Materials \_\_\_\_\_

Maker/artist/manufacturer \_\_\_\_\_

Condition \_\_\_\_\_

Value \_\_\_\_\_

Dimensions \_\_\_\_\_

Name, address and phone number of immediate source  
\_\_\_\_\_  
\_\_\_\_\_

Dates of ownership \_\_\_\_\_

Previous owners and dates  
\_\_\_\_\_  
\_\_\_\_\_

Documents accompanying acquisition  
\_\_\_\_\_  
\_\_\_\_\_

Donor information (use, age, association with places, people, etc.) & other documentary  
\_\_\_\_\_  
\_\_\_\_\_

Accepted by \_\_\_\_\_

Catalogued by \_\_\_\_\_

Restrictions \_\_\_\_\_  
\_\_\_\_\_

Remarks \_\_\_\_\_

Attach photo. Use back side for additional information

8/16/99 "msaccess"



Date entered into computer: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

Date of Accession: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

### Accession Worksheet

UIHC Medical Museum

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Catalog # \_\_\_\_\_ Accession # \_\_\_\_\_

Object Name \_\_\_\_\_ Classification \_\_\_\_\_

Category \_\_\_\_\_

Collection (circle one): Permanent    Education    College of Medicine

Date of Acquisition \_\_\_\_\_ Type of Accession \_\_\_\_\_

Source \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Line \_\_\_\_\_

\_\_\_\_\_

**Object Description:** (materials, color, inscriptions - give location, function/purpose, etc.)

Dimensions (inches): \_\_\_\_\_

Condition: \_\_\_\_\_

Old Numbers (include location of #): \_\_\_\_\_

Reference for id: \_\_\_\_\_

\_\_\_\_\_

Accompanying Materials: \_\_\_\_\_

\_\_\_\_\_

**Accession Form**  
(all types of collections)

Accession Number: \_\_\_\_\_

Date: \_\_\_\_\_

Photograph: \_\_\_\_\_

Catalog Number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Source: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Material(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Locality: \_\_\_\_\_

Date Collected: \_\_\_\_\_

Date Received: \_\_\_\_\_

Collector or Maker: \_\_\_\_\_

Condition: \_\_\_\_\_

Value: \_\_\_\_\_

Correspondence: \_\_\_\_\_ Catalog Cards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# ARTIFACT CONDITION REPORT

## IDAHO STATE HISTORICAL MUSEUM

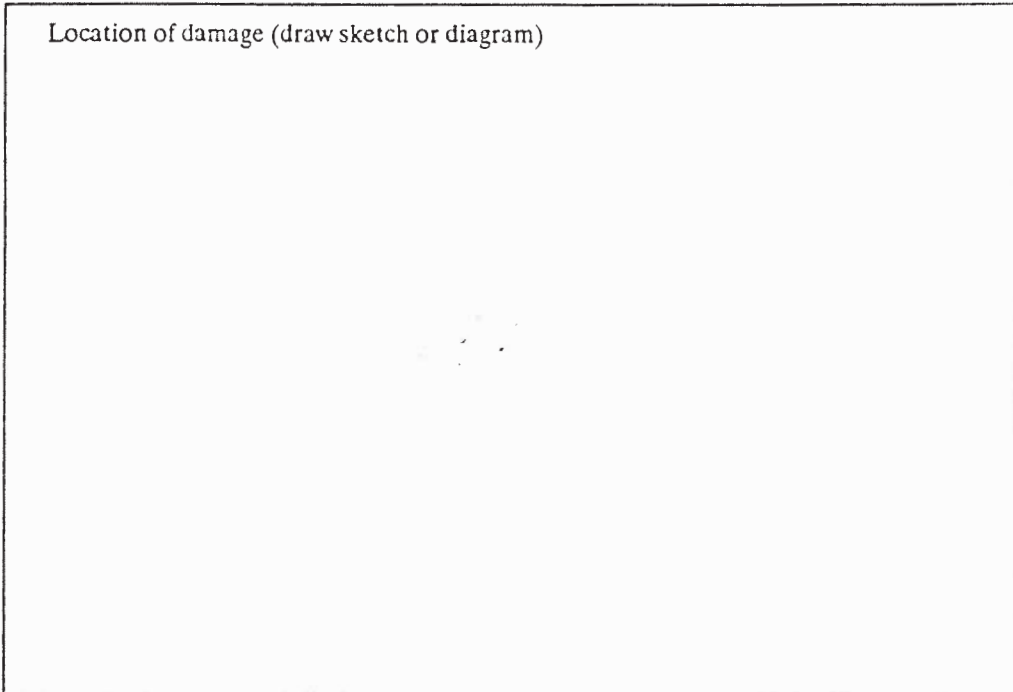
Object \_\_\_\_\_ Person reporting \_\_\_\_\_  
 Accession number \_\_\_\_\_ Date of report \_\_\_\_\_  
 Inventory location \_\_\_\_\_ Photographs: B/W \_\_\_\_\_ Neg# \_\_\_\_\_  
 Site \_\_\_\_\_ Color \_\_\_\_\_ Slide # \_\_\_\_\_  
 Physical description of object(color, construction; materials; size--LxWxH inches/cm): \_\_\_\_\_

Structure:	glass _____ ceramic _____ metal _____ wood _____ textile _____ basket _____ paper _____ leather _____	Surface decoration/attachments _____ _____ Structural damage _____ _____ Areas of insecurity/weakness _____ _____	
Surface:	unfinished _____ varnished _____ painted _____ patina _____ veneer _____ glazed _____ unglazed _____ oiled _____ other _____	Areas of loss _____ _____ Previous repairs/restorations _____ _____ Previous alterations/additions/modifications _____ _____	

Condition: \_\_\_\_\_ Degree of damage (slight, moderate, major, extreme) \_\_\_\_\_

- \_\_\_ dirt/grime
- \_\_\_ worn
- \_\_\_ abrasions
- \_\_\_ stained
- \_\_\_ corrosion
- \_\_\_ tarnish
- \_\_\_ warping
- \_\_\_ shrinking
- \_\_\_ flaking
- \_\_\_ powdering
- \_\_\_ holes
- \_\_\_ tears
- \_\_\_ scratches
- \_\_\_ bulges
- \_\_\_ cracked
- \_\_\_ rotted
- \_\_\_ insects/rodents
- \_\_\_ mold/mildew
- \_\_\_ moisture damage
- \_\_\_ embrittlement
- \_\_\_ accretions
- \_\_\_ delamination
- \_\_\_ deformations
- \_\_\_ other

Location of damage (draw sketch or diagram)







COSTUME HISTORY

COPY

Museum  
of Art

Costume Accession Number: \_\_\_\_\_

Costume Title/Description : \_\_\_\_\_

Circa Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Original Owner of Costume: \_\_\_\_\_

Relation to Donor: \_\_\_\_\_

Birth place/date: \_\_\_\_\_

Death place/date: \_\_\_\_\_

Wedding place/date: \_\_\_\_\_

Residence while Costume was Worn: \_\_\_\_\_

Photograph: Y N Photograph of Owner in Costume: Y N Available for Copy: Y N

Biographical Information: \_\_\_\_\_

Costume History (where worn, occasion, season, misc.): \_\_\_\_\_

Accessories Included: \_\_\_\_\_

Manufacturer/Maker/Retailer: \_\_\_\_\_

Alterations/Repairs: \_\_\_\_\_

Family History: \_\_\_\_\_

*Celebrating Our 60th Year!*

2730 Randolph Road Charlotte, NC 28207-2031 704-357-2000 Fax 704-357-2101

Date: \_\_\_\_\_



CATALOGUE RECORD, TEXTILE

OBJECT NUMBER		LOC CODE	CATALOGUE NUMBER	
OBJECT NAME				
ALT NAMES				PIECES
TITLE				
TITLE TRANS				
MAKER NAME			CATEGORY	
SUBCAT	SECTION	SUBJECT	TYPE	
DESCRIPTION				
DIMENSION 1		DIM 2	DIM 3	OTHER DIM
SUB/IMAGE			AGE ASSOC	GENDER ASSOC
FUNCTION				
DECORATIVE MOTIF				
FIBER TYPE				
THREAD DIAMETER				
THREAD COUNT				
COLORS				
COLOR REF		DYES		
TECHNIQUE				
MATERIAL				
COMPONENT PARTS				
COMPLETION DATE		SIGNATURE LOC		
MARKS/LABELS				
CONT	COUNTRY		STATE/PROV	
COUNTY		REGION		
SPECIFIC LOC				
SITE PHOTOS				
CULT CONTEXT			SCHOOL/STYLE	
HIST PERIOD		DATING TECHNIQUE		
COLLECTOR		COLL DATE	FIELD NO	
PREV COLL NO	PREPARATOR		PREP DATE	
PREPARATION				
ID BY	CATALOGUER		DEACC DATE	
REF				
SPECIAL INSTR				
ACKNOWLEDGEMENT				
REMARKS				
PUBLICATIONS				

Page  
of

# GENERAL HISTORY/ART CATALOGUE SHEET

P1

record number		object number R		object term R	
department	collection type	museum collection		theme	previous numbers
quantity 1	no. of components		alternate name		
component I.D.		component name			
title/variation				subject/image	
overall measurement: dimension/unit/measurement R		part: dimension/unit/measurement R		remarks	
material R		technique R		medium support	
producer role R			producer name R		
date of production R		place of production R		notes on production	
serial number / model number			brand name / model name R		
marks / labels / inscriptions / signature			edition number or patent or © nos / dates / country		
brief description R					
condition R		date / examiner name R		functional state	
condition remarks					
conservation future R				follow-up date R	
location R				date R	
source name R		acquisition mode R		acquisition date	object numbered YES / NO
					object restrictions YES / NO
cataloguer R		catalogue date		transfer of ownership completed YES / NO	acknowledgement sent YES / NO

C

C

C

C

C

C

to Catalogue Binder

# GENERAL RECORD SHEET

Registration number	
---------------------	--

Object name: \_\_\_\_\_

Object donation no: \_\_\_\_\_ Office file no: \_\_\_\_\_ Registration photograph no: \_\_\_\_\_

Donor/vendor: \_\_\_\_\_

Acknowledgment condition (as appropriate): \_\_\_\_\_

Purchase price: \_\_\_\_\_ Donation/purchase date: \_\_\_\_\_

Date of manufacture: \_\_\_\_\_ Manufacturer's name: \_\_\_\_\_ Place of manufacture: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Materials: \_\_\_\_\_

Condition: \_\_\_\_\_

Description: \_\_\_\_\_

Provenance: \_\_\_\_\_

References: \_\_\_\_\_

Subject areas: \_\_\_\_\_

Associated name/s: \_\_\_\_\_

Associated locality: \_\_\_\_\_

Classification:			
-----------------	--	--	--

Previous registration number:	
Current location:	

Number	
Register	
Thank you letter	

Accessioned by: \_\_\_\_\_

**Catalog Sheet**  
**(Fine & Decorative Arts, Historical objects)**

Object name: \_\_\_\_\_ Accession Number \_\_\_\_\_

Classification: \_\_\_\_\_

Maker/artist: \_\_\_\_\_

Date of object: \_\_\_\_\_

Designer: \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

Techniques: \_\_\_\_\_

Materials: \_\_\_\_\_

Colors: \_\_\_\_\_

Style, type or pattern: \_\_\_\_\_

Size: \_\_\_\_\_

Description (50 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source: \_\_\_\_\_ Association: \_\_\_\_\_

Gift, loan or purchase: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Condition : \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Explain: \_\_\_\_\_

Location (of object): \_\_\_\_\_ Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

Loan Number \_\_\_\_\_

# OREGON HISTORICAL SOCIETY

1200 S.W. Park Avenue  
(503) 222-1741



Portland, Oregon 97205  
Fax: (503) 221-2035

## LOAN AGREEMENT

Incoming \_\_\_\_\_ Outgoing \_\_\_\_\_

Please complete and sign on reverse. Return original and retain copy for your records.

Lender/Borrower \_\_\_\_\_ Tel. (     ) \_\_\_\_\_

Address \_\_\_\_\_

Place of Use \_\_\_\_\_

Responsible Person \_\_\_\_\_ Tel. (     ) \_\_\_\_\_

Purpose/Exhibit Title \_\_\_\_\_

Exhibit Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Loan Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Total Value \_\_\_\_\_

Shipping Arrangement \_\_\_\_\_

DESCRIPTION		Total Number _____
Number	Description and Condition	Value

Attach Additional Page and Condition Reports If Necessary

Special Exhibit Instructions:

Credit Line \_\_\_\_\_

Office Use

RETURNED: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

337

Condition \_\_\_\_\_

T H E  
WITTE  
MUSEUM

Attn: Registrar

LOAN CONTRACT

Lender(Institution) \_\_\_\_\_ (Contact person) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone & Fax: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Line (exact form of lender's name for exhibition and publication credit)  
\_\_\_\_\_

Dates of Loan: Exhibit \_\_\_\_\_ Overall \_\_\_\_\_  
Description of object(s) \_\_\_\_\_  
(Attach list if necessary) \_\_\_\_\_  
Artist \_\_\_\_\_ Accession No. \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Medium \_\_\_\_\_ Size \_\_\_\_\_

Insurance (Insured Value in U.S. Dollars) \_\_\_\_\_  
To be insured by \_\_\_\_\_  
Effective Date of Coverage \_\_\_\_\_  
Copyright: If the copyright was created after January 1, 1978, do you own the copyright  
in the work? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, do  
you know who does? \_\_\_\_\_ If not, who  
was the previous owner? \_\_\_\_\_ Shipping  
Instructions (including address if different from mailing) \_\_\_\_\_

LOAN GRANTED UNDER THE CONDITIONS ON THE BACK OF THIS FORM

The Witte Museum \_\_\_\_\_ Date \_\_\_\_\_  
Rebecca Huffstutler, Associate Curator of Archives

Lender \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
\*\*\*\*\*

Returned to lender:  
\_\_\_\_\_ Date \_\_\_\_\_ The item(s) listed  
above was(were) received in good condition.

3801 BROADWAY  
SAN ANTONIO  
TEXAS 78209-6396  
210 340 1900  
FAX 210 357 1882



# LOAN AGREEMENT

Shipping Address:  
Balboa Park  
San Diego, CA 92101-1697  
Telephone 619-232-7931

Mailing Address  
Post Office Box 2107  
San Diego, CA 92112-2107  
Telex 883594

1583

**Agreement** The undersigned ("Lender") hereby lends to the San Diego Museum of Art ("SDMA") the object(s) described herein for the purposes, and subject to the terms and conditions set forth.

## EXHIBITION

Dates and Locations: \_\_\_\_\_

Term of Loan: \_\_\_\_\_

**LENDER** Institution or Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
(Unless otherwise instructed below, work will be shipped from and returned to this address)

Telephone: (business) \_\_\_\_\_ (home) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Credit: \_\_\_\_\_  
(Exact form of lender's name for catalogue, labels and publicity)

**WORK OF ART** Artist: \_\_\_\_\_

Nationality: \_\_\_\_\_ Life Dates: Born \_\_\_\_\_ Died \_\_\_\_\_

Exact title of work: \_\_\_\_\_

Medium or Materials and Support: \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Signed or inscribed as follows: \_\_\_\_\_

Date of work: \_\_\_\_\_ Dated or inscribed as follows: \_\_\_\_\_

**DIMENSIONS** Painting, drawing, etc. (excl. frame or mat): H \_\_\_\_\_ W \_\_\_\_\_

centimeters (If print indicate  plate,  image, or  sheet):

inches Outer dimensions of frame: H \_\_\_\_\_ W \_\_\_\_\_

Sculpture (excl. pedestal) or relief: H \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ Approx. Wt. \_\_\_\_\_

Pedestal: H \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ Approx. Wt. \_\_\_\_\_ Detachable? \_\_\_\_\_

If necessary for the safety of the work, may we reframe, remat, or back it?  Yes  No Substitute Plexiglas for glass?  Yes  No

**INSURANCE** Value (estimated fair market value in U.S. \$): \_\_\_\_\_ SDMA will insure unless otherwise advised.

Do you prefer to maintain your own insurance?  Yes  No If so, estimated premium \_\_\_\_\_

Do you prefer to waive insurance?  Yes  No If so, initial X \_\_\_\_\_ (Lender)

**PHOTOGRAPHY** If black & white photographs and/or color transparencies suitable for reproduction are available, please state type and where they may be obtained: \_\_\_\_\_

## SHIPPING ARRANGEMENTS

Case already available \_\_\_\_\_ case needs to be built \_\_\_\_\_ case unnecessary \_\_\_\_\_

To be packed/crated by: \_\_\_\_\_  
(Unless notified to the contrary, the loan will be returned to the address listed under "Lender")

Date required for receiving loan: \_\_\_\_\_

## COMMENTS (Provenance, Special Handling Requirements)

The lender acknowledges that he has full authority and power to make this loan, that he has read the conditions above and on the back of this form, and that he agrees to be bound by them:

Signed: \_\_\_\_\_  
Lender Title Date

By: \_\_\_\_\_  
Registrar, San Diego Museum of Art, a California Public Benefit Corporation Date

LENDER: Two part form. Please sign and return original. Retain copy.



**SONOMA COUNTY MUSEUM**  
**425 Seventh Street**  
**Santa Rosa, CA 95401**  
**(707) 579-1500**

## INCOMING LOAN AGREEMENT

The Sonoma County Museum agrees, subject to the terms and conditions printed on the reverse of this agreement, to borrow the objects described below from:

Name of Lender: \_\_\_\_\_ Dates of Loan: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Insured by: \_\_\_\_\_  
 Address: \_\_\_\_\_ Credit Line: \_\_\_\_\_  
 \_\_\_\_\_ Purpose of Loan: \_\_\_\_\_  
City State  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

ACCESSION NO.	TITLE/DESCRIPTION	CONDITION	VALUE
---------------	-------------------	-----------	-------

Extra sheets attached. Sign and date all copies.

Special Conditions: \_\_\_\_\_

I hereby acknowledge that I am authorized to lend the objects listed above to the Sonoma County Museum and that I have read and agree to abide by the terms and conditions printed on the reverse governing this loan:

Signature of Lender: \_\_\_\_\_ Date: \_\_\_\_\_

The Sonoma County Museum gratefully acknowledges receipt of object(s) herein described:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Authorized Museum Representative)

Name & Title: \_\_\_\_\_

### RETURN OF ABOVE LOANED OBJECTS IS HEREBY ACKNOWLEDGED:

Signature of Lender: \_\_\_\_\_ Date: \_\_\_\_\_

White - Museum office ~ Yellow - Donor ~ Pink - Collections

**PLEASE PRESS FIRMLY**

### Receipt for Object(s) Temporarily Left in the Custody of Cooper-Hewitt Museum

The object(s) listed below has been received by the Cooper-Hewitt Museum (CHM) and is subject to the terms and conditions set forth.

**Received from:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_  
Name of owner  agent   
If agent, name of owner \_\_\_\_\_ **Via:** \_\_\_\_\_  
Address of owner \_\_\_\_\_ hand, mail, other  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) ( )  
Telephone: business \_\_\_\_\_ home \_\_\_\_\_

**For the Following Purpose:** Consideration for Gift  or Purchase  or Loan  or Study

**Scheduled Date of Removal of Object(s) is:** \_\_\_\_\_ (unless otherwise mutually agreed upon and stated here, the object(s) shall remain in CHM's custody for a limited period, not to exceed 90 days. Please note section #6 on reverse side.)

**Description of Object(s)** \_\_\_\_\_ **Owner's Valuation**  
(title, maker, materials, date) (US \$ amount)

**Received by:** \_\_\_\_\_  
Signature for CHM \_\_\_\_\_ Date \_\_\_\_\_ Department \_\_\_\_\_

**When Completed Sign & Date:** I have read and agree to the conditions above and on the reverse side of this receipt. I certify that I have full authority to agree thereto.

Signature of depositor \_\_\_\_\_ Date \_\_\_\_\_  
owner  agent

Date Received \_\_\_\_\_  
Received by \_\_\_\_\_  
Date Returned \_\_\_\_\_  
Received By \_\_\_\_\_

**Schenectady Museum Association**  
Nott Terrace Heights  
Schenectady, NY 12308  
(518) 382-7890 • FAX (518) 382-7893

### TEMPORARY CUSTODY RECEIPT

Deposited for:  DONATION TO COLLECTION     SALE TO COLLECTION     UNRESTRICTED DONATION  
 RESEARCH or  EXHIBIT (a loan form must be filed with the Registrar)     BEQUEST     OTHER \_\_\_\_\_

All proposed additions to the permanent collection are subject to a monthly review by the Collections Committee.  
If item is not accepted for the permanent collection (please initial one):

\_\_\_\_\_ PLEASE RETURN                      \_\_\_\_\_ MAY BE DISPOSED OF AT THE DISCRETION OF THE MUSEUM

Received From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

I accept the conditions listed on the back of this receipt (sign here) \_\_\_\_\_

ITEM DESCRIPTION (color, material, associated papers?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**Office use only**

CONDITION \_\_\_\_\_

MEASUREMENTS \_\_\_\_\_

MAKER'S MARKS/ LOCATION \_\_\_\_\_  
\_\_\_\_\_

COUNTRY OF ORIGIN \_\_\_\_\_ DATE / ERA \_\_\_\_\_ ASSOCIATED PAPERS? \_\_\_\_\_

1<sup>st</sup> CLASSIFICATION \_\_\_\_\_ 2<sup>nd</sup> CLASSIFICATION \_\_\_\_\_

DONOR RELEASE: TYPED \_\_\_\_\_ SENT \_\_\_\_\_ RETURNED \_\_\_\_\_ FILED \_\_\_\_\_

CATALOGUED BY \_\_\_\_\_ DONOR CARD TYPED AND FILED \_\_\_\_\_ PHOTOGRAPH MADE \_\_\_\_\_

NUMBERED BY \_\_\_\_\_ ARTIST'S CARD TYPED & FILED \_\_\_\_\_ REFERENCE FILE MADE \_\_\_\_\_

INITIAL VALUE \_\_\_\_\_ LOCATION \_\_\_\_\_ ACCESSION # \_\_\_\_\_

One copy to bailor, one copy to registrar, one copy with item.

Kalamazoo Valley Museum  
**OBJECT DEACCESSION RECORD**

ACCN # \_\_\_\_\_ CAT #(s) \_\_\_\_\_

OBJECT(s) \_\_\_\_\_  
\_\_\_\_\_

SOURCE \_\_\_\_\_

METHOD OF ACQUISITION \_\_\_\_\_ DATE \_\_\_\_\_

OBJECT LOCATION \_\_\_\_\_

DOES MUSEUM HOLD LEGAL TITLE?  Yes  No

If No, please explain \_\_\_\_\_

**DEACCESSION CRITERIA** (check all that apply)

- no longer relevant or useful
- deteriorated beyond repair or consumed in use
- beyond capability of museum to properly preserve
- object is duplicate or redundant
- more appropriately placed at another institution
- inappropriately accessioned or accessioned twice
- other \_\_\_\_\_

**RECOMMENDED METHOD OF DISPOSAL**

- transfer to museum's Teaching Collection  Object Document File  Collection Research Files \_\_\_\_\_
- transfer to another museum or cultural institution \_\_\_\_\_
- exchange or trade with another museum or cultural institution \_\_\_\_\_
- private sale
- public auction
- other \_\_\_\_\_

**DEACCESSIONING RECOMMENDED AND APPROVED BY:**

Yes  No  Collections Committee \_\_\_\_\_ DATE \_\_\_\_\_  
(signature of authorized committee member)

Yes  No  Museum Director \_\_\_\_\_ DATE \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTIFICATION TO KVCC BOARD OF TRUSTEES:** Yes  Response Received \_\_\_\_\_

Comments: \_\_\_\_\_

**KVCC Board Approval:** Yes  No  \_\_\_\_\_ (signature of Board Chairman) \_\_\_\_\_ (date)  
(if valued at or > \$10,000)

Comments: \_\_\_\_\_

**FINAL DISPOSITION OF OBJECT(s):**  
(attach photographs if applicable)



---

WORKMAN AND TEMPLE FAMILY  
**HOMESTEAD MUSEUM**

---

A City of Industry Historic Cultural Landmark

**RECORD OF DEACCESSION**

The Deaccession section of the Homestead Museum Collections Management Policy should be consulted when recommending that an object be deaccessioned.

The following item(s) are recommended for deaccession:

DESCRIPTION:

REASON FOR DEACCESSION:

DEACCESSION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Director)

DEACCESSION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Curator)

DEACCESSION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(City of Industry Representative)

COMPLETE BOTH SIDES OF FORM: CONDITION REPORT AND TERMS AND CONDITIONS ON REVERSE.

FINAL DISPOSITION OF OBJECTS: