



Endowment Care Fund

Trustee Statement of Fiduciary Responsibility

To be considered qualified as a trustee, each trustee of an endowment care fund appointed in accordance with this chapter shall file with the board a statement of acceptance of fiduciary responsibility, on a form approved by the board, before assuming the duties of trustee. The trustee shall remain in the trustee's fiduciary capacity until such time as the trustee advises the Funeral and Cemetery Board in writing of the trustee's resignation of trusteeship. RCW 68.44.115

Please fill out the information section of this form. To register, also complete the acceptance section. To resign, also complete the resignation section. Then, mail this completed form to:

Funeral and Cemetery Board, Department of Licensing, PO Box 9012, Olympia, WA 98507

Name of cemetery/endowment care association	
Address	
Trustee name	
Trustee Address	Trustee (Area code) Telephone number

Acceptance of endowment care fund trusteeship

I hereby accept the appointment as an endowment care fund trustee.

X

Signature of trustee

State of Washington, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath and stated that (he/she) was authorized to execute the instrument and acknowledged it as the trustee of this endowment care fund to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated _____

(Seal or stamp)

Signature

Printed or stamped name

Title

My appointment expires _____

Department use only: Received by _____ Date _____

Resignation of endowment care fund trustee

I hereby resign as trustee of the above named endowment care fund.

X

Signature of trustee

State of Washington, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath and stated that (he/she) was authorized to execute the instrument and acknowledged it as the trustee of this endowment care fund to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated _____

(Seal or stamp)

Signature

Printed or stamped name

Title

My appointment expires _____