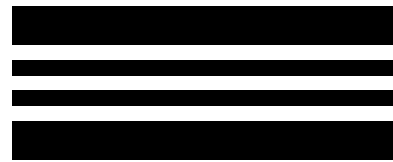




# Cemetery Prearrangement Sales Annual Report



Use this report form to capture and report the condition of your prearrangement sales on the last day of your fiscal year or calendar year. We must receive your completed report and supporting documents no later than 90 days after the close of each fiscal year.

Submit online with renewal: [www.dol.wa.gov/business/funeralcemetery](http://www.dol.wa.gov/business/funeralcemetery)

Or scan and email to: [funeral@dol.wa.gov](mailto:funeral@dol.wa.gov)

Or mail to: **Funeral and Cemetery Licensing**  
**Department of Licensing**  
**PO Box 9012**  
**Olympia WA 98507-9012**



21701-AUDITING

For questions or language help call: (360) 664-1555

This report is for the fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Cemetery name	License number
Physical address (Address, City, State, ZIP code)	
Mailing address (Address, City, State, ZIP code)	
Cemetery manager name	(Area code) Phone number
Email	
Cemetery corporation name	
Corporation address, if different (Address, City, State, ZIP code)	

## Sales information

1. Number of prearrangement sales contracts sold **this year** . . . . . \_\_\_\_\_

2. Total number of prearrangement sales contracts. . . . . \_\_\_\_\_

3. Are you currently selling undeveloped property/crypts/niches? (RCW 68.46.030 requirements) . . . . .  Yes  No

If yes, check all that apply: . . . . .  Property  Crypts  Lawn crypts  Niches

If yes, estimated completion date. . . . . \_\_\_\_\_

Estimated date must be the same date given to consumers who purchased undeveloped property.

## Trust activity

**Definitions for this section:**

Deposit in transit: The funds in transit on the last day of the reporting period. This should only be for the last month of your fiscal year.

Withdrawal in transit: The funds to be withdrawn for cancellations and fulfilled contracts that have not been withdrawn by the last day of your fiscal year (includes principle and interest).

Earnings: Includes dividends, interest received, rent, or other income. (Do not include accrued interest not yet received.)

Expenses: Includes trustee fees, management fees, and taxes.

Adjust for gains/losses: Include only **realized** gains and losses.

Other adjustments: Provide third party documentation to verify other adjustments.

**Trust activity** *(continued)*

1. Amount deposited into trust during fiscal year . . . . .	\$ _____
2. Previous year deposit in transit . . . . .	\$ _____
3. Deposit in transit for current year . . . . .	\$ _____
4. Amount withdrawn from trust for deliveries and/or cancellations (include principle and interest) . . . . .	\$ _____
5. Withdrawals in transit . . . . .	\$ _____
6. Total earnings . . . . .	\$ _____
7. Total expenses . . . . .	\$ _____
8. Adjust for gains/losses . . . . .	\$ _____
9. Other adjustments (explain) . . . . .	\$ _____
_____	
_____	
_____	
_____	

**Trust assets**

1. Primary trust depository: Attach depository/investment statements that include all fiscal year activity	
Name of depository _____	
Last four digits of account number _____	
Ending balance . . . . .	\$ _____
2. Other assets: Attach depository/investment statements that include all fiscal year activity	
a. Asset _____	
Last four digits of account number _____	
Ending balance . . . . .	\$ _____
b. Asset _____	
Last four digits of account number _____	
Ending balance . . . . .	\$ _____
c. Asset _____	
Last four digits of account number _____	
Ending balance . . . . .	\$ _____

*Attach additional sheets as necessary.*

**Storage of pre-sold merchandise**

1. Do you store pre-sold merchandise? .....  Yes  No

If yes, what items are stored?

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

2. Is merchandise stored on the cemetery grounds? .....  Yes  No

3. Is merchandise stored with the manufacturer? .....  Yes  No

This report must be verified and signed by the cemetery president/vice president and an officer of the cemetery authority.  
RCW 68.46.090

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
**X**  
Signature

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
**X**  
Signature

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.**