WASHINGTON STATE DEPARTMENT OF LICENSING

Cemetery Prearrangement Sales Annual Report

[redacted]

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: https://professions.dol.wa.gov

Or scan and email to: funerals@dol.wa.gov

21701-AUDITING

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

For questions or language help call: 360-664-1822

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	10-digit 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 68.46.03) . . . . . ☐ 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Withdrawal in transit: The funds to be withdrawn for cancellations and fulfilled contracts that have not been withdrawn by the last day of your fiscal year (includes principle and interest).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.

continued on next page

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 Amount withdrawn from trust for deliveries and/or cancellations (include principle and interest) .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.

TYPE or PRINT Name and title

Date and place

X When completed, print this form and sign here.

Signature

TYPE or PRINT Name and title

Date and place

X When completed, print this form and sign here.

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.