



\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

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

Account #: \_\_\_\_\_

**PRENEED CEMETERY COMPANY ANNUAL REPORT**

<b>Registration Period:</b>	thru	<b>Account ID #:</b>	
<b>Fiscal Year End:</b>		<b>Due Date:</b>	

A separate report must be completed for each trust account. Make a photocopy of this return for additional trust accounts. If more space is needed for any items on this report, attach additional sheet(s) and reference the appropriate line item(s).

1. Trust Account Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_
2. Compliance Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_
3. Telephone Number \_\_\_\_\_  
 Trustee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

4. Total amount of principal in preneed trust account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_

5. List securities in which trust account is invested:

Security Name	Amount Invested	When Invested



6. Income received from trust during preceeding fiscal year:

Income Source	Amount

Total income received \_\_\_\_\_

**COMPLETE THE FOLLOWING FOR PERIOD COVERED ON FRONT OF THE RETURN**

7. Total sales of cemetery merchandise and preneed services sold during the period including both merchandise sold under cemetery preneed contracts and not sold under cemetery contracts	7	_____
Break down amount shown on line 7 into the following amounts		_____
7a. Amount sold under preneed cemetery contracts for which 40% of the funds have been deposited into a trust account	7a	_____
7b. Amount sold and physically delivered within 120 days	7b	_____
7c. Amount sold where seller purchases the merchandise and stores it at the cemetery where it is intended to be used	7c	_____
7d. Amount sold where the seller has paid the supplier of such goods and the supplier has caused merchandise to be manufactured and stored, and has caused title to be transferred to the buyer or other contract beneficiary and has agreed to ship such merchandise upon his or her request. Attach copies of all purchase orders of merchandise sold where the merchandise has not been delivered to the buyer or 40% of the funds received have not been deposited in a trust account.	7d	_____
8. Total receipts required to be deposited in trust account (40% of line 7a)	8	_____
9. Total receipts deposited in trust account <b>(Attach proof of trust account balance within last week)</b>	9	_____
10. Total required preneed cemetery company contracts expenses paid	10	_____
11. Total expenses paid from preneed trust account	11	_____

12. Is the trustee other than a bank savings and loan or other federally insured banking institution?

Yes       No

If yes, you must provide proof that a fidelity bond from a corporate surety licensed to do business in West Virginia and payable to this trust has been issued in the greater of the following amounts:

\$100,000 or

not less than 100% of the value of the trust estate principal at the beginning of the calendar year

13.

CERTIFICATION OF COMPLIANCE AGENT

I certify that for the specified reporting period this trust account is in compliance with all applicable provisions of Article 5B, Chapter 35 of the Code of West Virginia of 1931, as amended, and of Series 36, Title 110 of the West Virginia Code of State Rules.

\_\_\_\_\_  
Signature of Compliance Agent

Taken, subscribed, acknowledged and sworn to before me on this date :

\_\_\_\_\_  
M M D D Y Y Y Y

My commission expires on:

\_\_\_\_\_  
M M D D Y Y Y Y

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

14.

CERTIFICATION OF CERTIFIED PUBLIC ACCOUNTANT

I have audited this trust account and certify that according to all information provided to me in the course of completing the audit, at least 40% of the cash receipts from the sale of preneed property, goods and services which was not anticipated to be delivered or performed within 120 days after receipt of the initial payment on account has been deposited in the account within 30 days after the close of the month in which such payments were received, all as required by West Virginia Code 35-5B-10.

Signature of Certified Public Accountant \_\_\_\_\_

Typed/Printed Name \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
M M D D Y Y Y Y

My commission expires on:

\_\_\_\_\_  
M M D D Y Y Y Y

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

15. AFFIRMATION FOR CORPORATION, SOLE PROPRIETORSHIP, OR PARTNERSHIP

I (we) do hereby certify that this Annual Report contains a true and accurate accounting and that all information requested has been provided in complete and accurate detail, all as required by Article 5B, Chapter 35 of the Code of West Virginia of 1931, as amended, and the regulations promulgated pursuant to such Act and the terms of this reporting form.

(Corporate Seal)  
(If applicable)

Signature \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Taken, subscribed, acknowledged and sworn to before me on this date:

\_\_\_\_\_  
M M D D Y Y Y Y

My commission expires on:

\_\_\_\_\_  
M M D D Y Y Y Y

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)