ARIZONA STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS

PREARRANGED FUNERAL ANNUAL REPORT

FOR CALENDAR YEAR ENDING December 31, 2019

NAME OF ESTABLISHMENT _____LICENSE #_____

ADDRESS _____

_____ ZIP _____ PHONE _____

E-MAIL ADDRESS _____

OWNERS (owning 10% or greater interest in the establishment)

NAME _____ **NAME** _____

ADDRESS _____ **ADDRESS** _____

_____ _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn and upon (my) (our) oath, depose and state:

(I am) (We are) the owner(s) of the funeral establishment known as _____

_____ on behalf of which (I) (we) make this affidavit, being hereunto duly authorized. The funeral establishment herein named has complied with Title 32, Chapter 12, Article 5 of the Arizona Revised Statutes and the Rules adopted pursuant to said Article. This Annual Report includes all prearranged funeral agreements sold or administered by this establishment. (I) (We) have read this Annual Report and accompanying Schedules A, , , D and E and know the contents thereof, and the matters and things herein stated are true and correct.

_____

_____

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____

Notary Public

SCHEDULE A

Page _____

PREARRANGED FUNERAL SALES DURING

CALENDAR YEAR ENDING December 31, 2019

Financial Institution Name _____

Address _____

Trust Account No.* _____

Purchaser Name and Address	Sale Date	Sales Person	Beneficiary	Total Contract Amount	Initial Service Fee	Initial Service Fee Paid	Total Monies Paid To Purchaser	Total Monies To Trust Account	Total Refunds Made	Bank Service Charges	Other Withdrawals (explain)**	12/31 Trust Account Balance
Page totals												
TOTALS												

** If this schedule concerns a number of trust accounts, provide names and addresses of financial institutions and list account numbers on separate sheet.*

*** If other withdrawals have occurred, explain in detail on separate sheet.*

SCHEDULE B

Page _____

EXISTING PREARRANGED FUNERAL

AGREEMENTS SOLD BEFORE

CALENDAR YEAR ENDING December 31, 2019

Financial Institution Name _____

Address_____

Trust Account No.* _____

purchaser Name and Sale Date	Total Contract Amount	Initial Service Fee	Initial Service Fee Paid	Total Monies Paid by Purchaser This Year	Total Monies Paid by Purchaser	Total Monies To Trust Account	Total Refunds Made	Annual Service Fee	Taxes Paid	Bank Service Charges	Other Withdrawals (explain)**	12/31 Trust Account Balance
Page totals												
TOTALS												

If this schedule concerns a number of trust accounts, provide names and addresses of financial institutions and list account numbers on separate sheet.

*** If other withdrawals have occurred, explain in detail on separate sheet.*

SCHEDULE C
ANNUAL REPORT

Financial Institution Name and Address_____

_____

Trust Account No.* _____

SUMMARY OF PREARRANGED FUNERAL TRUST ACCOUNT TRANSACTIONS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019

Total trust funds in account(s) on December 31 of previous calendar year:	**$** _____	**$** _____
Total funds received and deposited in trust account(s) during this calendar year:		**$** _____
Total funds withdrawn from trust accounts during this calendar year for:		
1. Funeral arrangements	**$** _____	
2. Annual service fees	**$** _____	
3. Tax payments	**$** _____	
4. Financial Inst. service charges	**$** _____	
5. Refunds to purchasers	**$** _____	
6. Other withdrawals**	**$** _____	
TOTAL WITHDRAWALS		**$** _____
Total interest paid to trust account(s) during this calendar year:		**$** _____
Total trust funds in account(s) on December 31 of this calendar year:		**$** _____
Total funds received for trust but not deposited in trust account(s) as of December 31 of this calendar year:		**$** _____
Adjustment for reconciliation (explain)		**$** _____
TOTAL TRUST FUNDS		**$** _____

** If this schedule concerns a number of trust accounts, provide names and addresses of financial institutions and list account numbers on separate sheet.*

*** if other withdrawals have occurred, explain in detail on separate sheet.*

ANNUAL REPORT

SCHEDULE D

PREARRANGED FUNERAL SALESPERSONS EMPLOYED OR ENGAGED DURING CALENDAR YEAR _____

Name	Address	Registration No.

SCHEDULE E

SALESPERSONS TERMINATED DURING CALENDAR YEAR

Name	Registration No.