



**ANNUAL PREARRANGEMENT REPORT**  
**Prearrangements financed by funeral plan trust accounts**

**Reporting period:** Jan. 1 to Dec. 31  
**For the year ended:** \_\_\_\_\_  
**Due date:** April 1  
**Annual report fee:** \$335

**Mail report with payment to:**  
 DCBS — Fiscal Services  
 P.O. Box 14610  
 Salem, OR 97309-0445

You must attach Detail Schedule 1 to this report. You may submit Detail Schedule 1 using the department's form or on a separate typed or computer-produced report.

Name: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_

**Transaction summary**

A. <sup>1</sup> Beginning balance, Jan. 1 .....	\$ _____
B. Current year deposits .....	\$ _____
C. Deposits in transit .....	\$ _____
D. Net recognized gains/losses on sales transactions .....	\$ _____
E. <sup>2</sup> Interest/dividends earned on trust accounts .....	\$ _____
F. <sup>3,4</sup> Trustee, accounting, depository, and investment fees .....	\$( _____ )
G. Taxes paid for the benefit of contract beneficiaries .....	\$( _____ )
H. Withdrawals .....	\$( _____ )
I. Unrecognized gains (losses) as of Dec. 31 .....	\$ _____
J. <sup>5</sup> Ending balance, Dec. 31 .....	\$ _____
K. The number of consecutively numbered prearrangement or preconstruction sales contracts sold during the reporting period .....	_____

<sup>1</sup> Line A must match the ending balance of the previous report.  
<sup>2</sup> Do not include unrecognized gain or loss on Line E.  
<sup>3</sup> Line F must not exceed 2 percent of Line A pursuant to ORS 97.943(9)(a).  
<sup>4</sup> Line F must not exceed the total of Lines D and E pursuant to ORS 97.943(9)(c).  
<sup>5</sup> Line J must match the ending balance of the depository summary on Page 2.

*Continued on Page 2*

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
_____ / _____		_____	
Credit card number		Expiration date	
Name of cardholder as shown on credit card _____			
_____		\$	_____
Cardholder signature		Amount	

**Make check or money order payable to the Department of Consumer & Business Services.** If paying by credit card, applicant must sign the credit card information box. Do **not** send cash.

**FISCAL USE ONLY:** 61260/1008 12104-0600



**DETAIL SCHEDULE 1**  
**Listing of prearrangement plan trust fund ending balances**  
**For the year ended: \_\_\_\_\_**

Firm name: \_\_\_\_\_ Name of fund holder: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Account no.	Purchaser's name and address	Beneficiary's name and address	Trust amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Photocopy this page to attach a Detail Schedule 1 listing the individual trust balances on deposit. For each financial institution, trust company, or master trustee listed, attach a separate page. Totals on each must agree with the amounts listed on Page 2 for that financial institution, trust company, or master trustee.

Total this page _____ of _____	\$
<b>TOTAL (final page only)</b>	\$