

Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities
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 http://dfcs.oregon.gov



ANNUAL PREARRANGEMENT REPORT — SHORT FORM
Prearrangements financed by funeral plan trust accounts

Reporting period: January 1 to December 31
Due date: April 1
Annual report fee: \$10

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

Note: You must attach Detail Schedule 1 to this report. You may submit Detail Schedule 1 on the form provided or on a separate typed or computer-produced report.

Name: _____

Address: _____

City/State/ZIP: _____

Transaction summary

A.¹ Beginning balance, January 1..... \$ _____
 B. Current year deposits..... \$ _____
 C. Deposits in transit..... \$ _____
 D. Interest earned on trust accounts..... \$ _____
 E. Less withdrawals..... \$ _____
 F.² Ending balance (A + B + C + D – E), December 31..... \$ _____

Depository summary

| Name of depository | Amount on deposit |
|--|-------------------|
| A. _____ | \$ _____ |
| B. _____ | \$ _____ |
| C. _____ | \$ _____ |
| D. _____ | \$ _____ |
| E. Deposits in transit, December 31 <input type="checkbox"/> Detailed schedule is attached | \$ _____ |
| F. ² Total trust funds December 31 | \$ _____ |

The person named below certifies that he or she has ceased marketing prearrangement plans and is no longer registered to market prearrangement plans, and the prearrangement contracts for which he or she is obligated are fewer than 20 or have a cumulative value of less than \$25,000. OAR 441-930-0250

Signature: _____ Title: _____

Type or print name: _____ Date: _____

Phone: () _____



¹ Line A must match the ending balance of the previous report.

² Line F of the transaction summary must match Line F of the depository summary.

FISCAL USE ONLY: 61260/1008

DETAIL SCHEDULE 1 Annual Prearrangement Report — Short Form

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 |
|--|------------------------------|--------------------------------|--|
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| | | | \$ |
| 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 _____ \$ |
| | | | DEPOSITORY TOTAL (final page only) \$ |