Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 267-3816
Phone #: **(608) 266-5511**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ANNUAL REPORT FOR CEMETERY PRENEED SELLER WHICH IS NOT A CEMETERY AUTHORITY

FILING DEADLINE: March 1, 2004

NO FEE

This report must be filed by every preneed seller who has been registered as a preneed seller by the Department of Regulation and Licensing pursuant to sec. 440.92, Stats. A preneed seller that is a registered cemetery authority should only file Form #1786, Cemetery Authority Annual Report.

PLEASE TYPE OF PRINT IN INK

1. NAME OF PRENEED SELLER (as it appears on your registration)	**2.** REGISTRATION NUMBER
3. PRENEED SELLER IS: ☐ Corporation ☐ Partnership ☐ Individual ☐ Other: _____	**4.** DAYTIME TELEPHONE # ( )

5. ADDRESS (number, street, city, zip code)

6a. ☐ YES ☐ NO Are you an individual employed by or acting as an agent for a registered cemetery authority or any other person? If YES, name of employer or principal. **IF NO, LIST LAST DAY OF EMPLOYMENT.**

_____

6b. ☐ YES ☐ NO While employed by the above entity, have you handed over all preneed trust funds received by you to your employer or principal who/which will file a report concerning the disposition of the funds.

IF #6b is answered YES, go directly to #12 for your notarized signature.

For Receipting Use Only

OFFICE USE ONLY	
TYPE	REGISTRATION NUMBER
101	

#1785 (Rev. 1/04)
Ch. 440, Stats.

Committed to Equal Opportunity in Employment and Licensing

7. If preneed seller is a corporation and is required to file a report with the Secretary of State under sec. 180.1622 or 181.651, Stats., submit a copy of the report and complete the information requested below for each shareholder who beneficially owns, holds or has the power to vote 5% or more of any class of securities issued by the Corporation. Attach an additional page, if more space is needed.

NAME	RESIDENCE ADDRESS	BUSINESS ADDRESS

8. Complete the following for each preneed trust fund maintained by the preneed seller. (Photocopy this page if you maintain more than one preneed trust fund). NOTE: If you are a trustee of any trust fund under sec. 445.125, Stats., (relating to the purchase of a casket outer burial container not preplaced into the burial excavation of a grave or for the furnishing of funeral or burial services which are not immediately required), you must include the information requested below for each such account.

a. Name of Wisconsin Financial Institution Where Funds are Located

b. Address of Wisconsin Financial Institution (number, street, city, zip code)

c. Name of the Account at Financial Institution		d. Account Number
e. Total Amount Deposited (1-1-03 to 12-31-03)	f. Income Accruing to Account (1-1-03 to 12-31-03)	g. Total Amount Withdrawn by Fulfillment of Preneed Sales Contracts (1-1-03 to 12-31-03)

h. Market Balance at Closing on 12-31-03

i. Person(s) Authorized to Sign Checks or Share Drafts Drawn on This Account

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9. ☐ YES ☐ NO Is the preneed seller a trustee of any trust fund under sec. 445.125, Stats.? (See the NOTE at the beginning of Section #8).

10. Enter the name and address of each warehouse where the cemetery merchandise sold by the preneed seller is stored until delivery is made.

NAME	ADDRESS

11. CERTIFICATION OF FINANCIAL INSTITUTION

Market Balance in Account on 12-31-03

The undersigned, a duly authorized official of the _____
(Name of Financial Institution)

at _____ of _____ ,Wisconsin, on behalf of this
(Street) (City)

financial institution does certify the preneed seller identified in #1 on page 1maintains a preneed trust account with a balance as listed and agrees the institution will allow an authorized representative of the Department of Regulation and Licensing to examine and audit the account upon demand and certifies the person(s) listed in #8i on page 2 are the only ones authorized to withdraw funds from this account.

Signature of Office of Institution _____ Title _____ Date _____

Print Name of Officer _____

12. **PRENEED SELLER must sign in the presence of a Notary Public.**

I hereby swear and affirm that the information reported on this form is true and correct to the best of my knowledge and belief.

Signature of Preneed Seller _____ Date _____

Print Name of Preneed Seller _____

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

Signature of Notary Public _____ (Seal) Date Commission Expires _____