

**MONTANA BOARD OF FUNERAL SERVICE**  
**PO BOX 200513**  
**301 S PARK, 4<sup>TH</sup> FLOOR**  
**Helena, MT 59620-0512**  
**Board Office Phone: 406-841-2394**  
**Email: [dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov) Website: [www.funeral.mt.gov](http://www.funeral.mt.gov)**

## **ANNUAL TRUST REPORT – MORTUARY AND CREMATORY PRENEED TRUST ACCOUNTS**

### **Important Reporting Information**

- **Filing Period** – This report is for the reporting cycle of January 1, 2017, through December 31, 2017.
- **Filing Date Deadline** – This complete report is due to the board by March 1, 2018. A mortuary or crematory that does not file within the time prescribed may be subject to disciplinary action per [ARM 24.147.1608\(2\)](#). A mortuary or crematory may request an extension. However, the request must be prior to the March 1 deadline. All requests for extension will be evaluated on a case-by-case basis by the board.
- **Signature** – All reports must be signed by the owner(s) or mortician-in-charge or crematory operator-in-charge attesting to the information contained within the report.
- **Board Review** – This report is not an audit. Using the information submitted as part of this report the board will make a determination as to whether further information is needed and/or whether an audit might be necessary.
- **Submitting Your Report** – Reports can be submitted via e-mail ([dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov)), fax (406-841-2305), or postal mail to the address at the top of this page. If reports are faxed or mailed, mark them "Attention Lucy Richards".

### **Questions?**

Contact Lucy Richards, Executive Officer, at 406-841-2394 or [dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov).

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**Section 1 – Mortuary or Crematory Information**

1. Mortuary or Crematory Name: \_\_\_\_\_
2. Mortuary or Crematory License Number: \_\_\_\_\_
3. Specific DBA of Mortuary or Crematory: \_\_\_\_\_  
\*If different than business name\*
4. DBA REGISTERED
 

Yes	Active
No	Inactive
5. Mortuary or Crematory Physical Address: \_\_\_\_\_  
\*Physical address of this particular mortuary or crematory
6. Business Mailing Address: \_\_\_\_\_  
\*Mailing address, if different than physical address\*
7. Business E-mail Address: \_\_\_\_\_
8. Telephone: \_\_\_\_\_  

Business	Home	Cell
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**Section 2 – Owner and Manager Information**

9. List all owners of the mortuary or crematory. If the business is owned by a corporation, list all the officers.

Legal Name	Primary Phone Number	MT License Number(s) *if applicable

10. Mortician-in-Charge or Crematory Operator-in-Charge Name: \_\_\_\_\_  

First	Middle	Last
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11. Mortician-in-Charge or Crematory Operator-in-Charge License Number: \_\_\_\_\_
12. Mortician-in-Charge or Crematory Operator-in-Charge Name E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
\*If different than business e-mail\*

**Section 3 – Money Held in Trust(s)**

13. Has this mortuary or crematory held money in preneed trust accounts in a banking institution, savings or building and loan association, and/or credit union at any point during the current reporting cycle?

Yes

\*if "yes", fill out **ALL** remaining sections of this form\*

No

\*if "no", skip directly to Section 6 – Attestation\*

**Section 4 – Preneed Contracts**

[37-19-828](#), MCA: "(1)(a) A party that provides services pursuant to a contract for a prearranged funeral or related services and that receives money under the contract shall deposit the money within 10 business days of receipt in a banking institution or invest the money in the stock of a savings or building and loan association or in the shares of a credit union".

14. Total number of preneed contracts sold by this mortuary or crematory during this reporting cycle: \_\_\_\_\_

15. Total number of preneed contracts paid out by this mortuary or crematory during this reporting cycle: \_\_\_\_\_

16. Did you collect any money for preneed or at-need sales during this current reporting cycle that was NOT deposited prior to the end of this this reporting cycle?

No, I deposited all money collected during this current reporting cycle prior to the end of the current reporting cycle.

Yes, during this current reporting cycle I sold a total of \_\_\_\_\_ preneed contract(s) on \_\_\_\_\_ and collected \$ \_\_\_\_\_ which was NOT deposited prior to the end of the current reporting cycle.

17. Did you deposit any money from the previous reporting cycle during this reporting cycle?

No, I deposited all money collected during the previous reporting cycle during that same reporting cycle.

Yes, during the previous reporting cycle I sold a total of \_\_\_\_\_ preneed contracts and collected \$ \_\_\_\_\_ for funeral preneed trusts which was not deposited before the end of that reporting cycle.

**Section 5 – Financial Institution Information**

18. If preneed funeral trusts are held in more than one financial institution, list the information for each banking institution, savings or building and loan association, and/or credit union separately (i.e. financial institution #1 on line 1, financial institution #2 on line, 2, etc.). Per [37-19-828, MCA](#), the financial institution must maintain an office in the state of Montana. Attach more pages if more rows are needed (i.e. more than eleven separate financial institutions).

Line	Name of Banking Institution/ Savings or Building & Loan Association/Credit Union	Montana Branch Mailing Address (if different than mailing address)	Total Previous Reporting Cycle End Balance of all Trust Accounts	Total Current Reporting Cycle Beginning Balance of All Trust Accounts	Total Deposits and Interest & Dividends Earned (includes any deposits from Section 3, question 17)	Total Withdrawals	Total Current Reporting Cycle End Balance (as of 12/31/17)
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$
9			\$	\$	\$	\$	\$
10			\$	\$	\$	\$	\$
11			\$	\$	\$	\$	\$
	<b>Total</b> = Line 1 + Line 2 +...Line 11		\$	\$	\$	\$	\$

**Section 6 – Attestation**

I, the owner or person-in-charge of this mortuary or crematory attest to the information contained within this annual preneed trust fund report.

\_\_\_\_\_  
Legal Signature of Owner or Mortician-in-Charge or Crematory Operator-in-Charge

\_\_\_\_\_  
Date