



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**NOTIFICATION OF INTENT TO SELL ASSETS OR
 CEASE DOING BUSINESS (SELLER)**

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
 3605 MISSOURI BOULEVARD
 P.O. BOX 423
 JEFFERSON CITY, MO 65102
 TELEPHONE (573) 751-0813
 FAX (573) 751-1155
 TTY (800) 735-2966
 WEBSITE: <http://pr.mo.gov/embalmers.asp>

1. PRENEED SELLER NAME (AS LICENSED WITH MISSOURI STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS)

2. PRENEED SELLER LICENSE NUMBER

3. The above named seller hereby informs the State Board of Embalmers and Funeral Directors of its intent to *(Note: This form must be submitted at least 60 days prior to selling or otherwise disposing of its business assets, or its stock if a corporation, or ceasing to do business):*

- Sell the business assets of the seller.
- Sell the stock in the seller corporation. Please indicate the percentage of the stock being sold _____ %.
- Cease business as a seller.
- Other. Please explain: _____

4. THIS TRANSACTION IS EXPECTED TO BECOME FINAL ON ►

SECTION A: PRENEED SELLER FINAL ANNUAL REPORTING NOTICE

DATE OF THIS REPORT	DATE OF MY LAST REPORT
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SECTION B: PURCHASER/TRANSFeree INFORMATION

NAME OF ESTABLISHMENT/SELLER SERVICING OUTSTANDING CONTRACTS	ADDRESS	LICENSE
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SECTION C: CUSTODIAN OF BOOKS AND RECORDS

Pursuant to § 333.320.2(5), RSMo, identify the name and address of a custodian of records responsible for maintaining the books and records of the seller relating to preneed contracts.

NAME OF CUSTODIAN	TELEPHONE NUMBER
ADDRESS OF CUSTODIAN	LOCATION OF BOOKS & RECORDS (MUST BE A MISSOURI ADDRESS)

Note: The books and records must be available for inspection at the address identified in this section.

SECTION D: OUTSTANDING CONTRACT INFORMATION (additional sheets may be attached)

CONSUMER NAME ON CONTRACT	ADDRESS	CONTRACT NUMBER (IF APPLICABLE)	CONTRACT AMOUNT	TRUST, JOINT OR INSURANCE FUNDED

SECTION E: CONTRACTS SOLD SINCE THE LAST ANNUAL REPORT FILED (\$25 per contract reported must be submitted with this form)

NUMBER OF PRENEED CONTRACTS SOLD (GIVE TOTALS FOR EACH)		FACE VALUE OF THESE CONTRACTS
	Contracts in which payments are deposited into a trust. (Do Not report any money you have trusted through a third party seller)	\$
	Contracts in which payments are deposited into joint accounts.	\$
	Insurance funded preneed contracts including assignment of insurance or designating the provider or seller as the owner or beneficiary of insurance.	\$

SECTION F: CONTRACTS SERVICED SINCE LAST ANNUAL REPORT FILED (additional sheets may be attached)

NAME	ADDRESS	CONTRACT NUMBER	TYPE OF FUNDING (JOINT, TRUST, INSURANCE)	FULFILLED, CANCELLED, TRANSFERRED

SECTION G: PRENEED AGENTS (additional sheets may be attached)

NAME	ADDRESS	LICENSE NUMBER

SECTION H: PROVIDERS ASSOCIATED WITH SELLER (additional sheets may be attached)

NAME	ADDRESS

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SECTION I: CONSENT TO EXAMINATION AND AUDIT

As required by § 333.320.2(9), RSMo, the preneed seller hereby agrees to file with the board, a written consent authorizing the state board to inspect or order an investigation, examination, or audit of the seller's books and records which contain information concerning preneed contracts sold by or on behalf of the seller.

SECTION J: AFFIDAVIT

I, _____, being first duly sworn and upon my oath do hereby state the foregoing application
PRINT NAME

has been completed on behalf of the applicant truthfully and completely, without omission, and that all answers, statements, designations and consents are true and accurate to the best of my knowledge and belief. I, the undersigned, have personally reviewed the information contained herein and hereby submit this application for a preneed seller license to the State Board of Embalmers and Funeral Directors on behalf of the above-named applicant.

I affirm that I made this affidavit knowingly, and understand that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo (as amended).

NOTARY SECTION	SELLER'S SIGNATURE AND TITLE	NOTARY PUBLIC SEAL/STAMP
	PLEASE PRINT NAME AND TITLE	
STATE OF MISSOURI	COUNTY	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.		
NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	
NOTARY PUBLIC PRINTED NAME		