



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**AFFIDAVIT (TO BE COMPLETED BY PRENEED**  
**SELLER APPLICANT)**

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  
 TDD (800) 735-2966  
 WEBSITE: <http://pr.mo.gov/embalmers.asp>

**SECTION A: (THIS SECTION SHOULD REFLECT THE NAME AND ADDRESS OF THE PRENEED SELLER ASSUMING OR AGREEING TO ASSUME THE OBLIGATIONS OF THE PRENEED SELLER.)**

APPLICANT/BUSINESS ENTITY

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DOING BUSINESS AS

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APPLICANT/BUSINESS ENTITY ADDRESS (STREET, CITY, STATE, AND ZIP)

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LICENSE NUMBER

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**SECTION B: (THIS SECTION SHOULD REFLECT THE NAME AND ADDRESS THE WAY THE PRENEED SELLER IS CURRENTLY LICENSED WITH THE BOARD.)**

NAME OF PRESENT BUSINESS ENTITY

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DOING BUSINESS AS

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ADDRESS OF PRESENT BUSINESS ENTITY (STREET, CITY, STATE, AND ZIP)

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LICENSE NUMBER

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**SECTION C: (THIS SECTION SHOULD BE COMPLETED BY THE PRENEED SELLER ASSUMING OR AGREEING TO ASSUME THE OBLIGATIONS OF THE PRENEED SELLER.)**

I, \_\_\_\_\_, being first duly sworn and upon my oath do hereby agree to:

PRINT NAME

- assume the obligations of the named seller in Section B;
- have been provided a copy of the seller's final annual report;
- have consented to assuming the outstanding obligations of the seller;
- within 30 days after assuming the obligations of the named seller in Section B you shall:
  - (1) Notify each provider in writing that the former seller has sold or disposed of its assets or stock or has ceased doing business; and
  - (2) Provide written notification to the purchasers of each preneed contract assumed by the seller indicating that the former seller has transferred ownership or has ceased doing business.

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).

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