

NOTICE OF CANCELLATION OF PRENEED FUNERAL CONTRACT OR AGREEMENT

NOTICE IS PROVIDED TO:

Beneficiary or Trustor:

Trustee:

That _____ (name of funeral establishment) is ceasing business operations as of _____ (date). Your preneed funeral contract or agreement number _____ will be canceled and the funds, including the accrued income, will be escheated to the State (specifically, the California State Controller's Office) unless the beneficiary or trustor informs the trustee named below in writing within six months of receiving this notice that they wish those funds to be returned to them.

Trustee(s) Name:

Address:

City _____ State _____ Zip Code _____

Telephone number: () _____

Website (Optional) _____ Email (Optional) _____

(If there are additional trustees, attach a separate page if necessary)

Written Certification of Service by Mail:

On _____ [Insert Date], I sent an original copy of this notice by regular mail to the following person, addressed as set forth below:

[Insert the following:

Pursuant to Section 7737.1(b) of the Business and Professions Code this notice shall be provided at least 60 days prior to the cessation of operations to each beneficiary, trustor or trustee. At least 60 days prior to the cessation of business operations, copies of the notice provided to each beneficiary, trustor or trustee shall also be provided to the Bureau by regular mail in accordance with 16 CCR section 1267.1.

Name of Person to Whom Notice was Mailed

Address

City, Zip Code]

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____ [Insert month and Year].

Signed by: _____ (Title) _____

Print Name: _____

Contact Information for this Funeral Establishment:

Name of Funeral Establishment and Contact Person:

Address:

City _____ State _____ Zip Code _____

Telephone Number:

(____) _____

Website (Optional) _____

Email (Optional) _____

Pursuant to Section 7737.1(b) of the Business and Professions Code this notice shall be provided at least 60 days prior to the cessation of operations to each beneficiary, trustor or trustee. At least 60 days prior to the cessation of business operations, copies of the notice provided to each beneficiary, trustor or trustee shall also be provided to the Bureau by regular mail in accordance with 16 CCR section 1267.1.

**NOTICE OF TRANSFER OF PRENEED CONTRACT OR AGREEMENT
TO SUCCESSOR FUNERAL ESTABLISHMENT**

NOTICE IS PROVIDED TO:

Beneficiary/Trustor and/or Legal Representative of Beneficiary/Trustor:

Trustee:

That _____ (name of funeral establishment) is ceasing operations as of _____ (date) and transferring contract or agreement number _____ to the following licensed, successor funeral establishment for fulfillment:

Name of Successor Funeral Establishment:

License Number:

Address:

City _____ State _____ Zip Code _____

Telephone Number:

(____) _____

Website (Optional) _____

Email (Optional) _____

If you do not wish to have your preneed contract or agreement transferred, you may cancel your agreement up to sixty (60) days after receipt of this notice by contacting the trustee listed on your agreement, this funeral establishment using the contact information below, or the licensed successor funeral establishment using the contact information provided above.

Pursuant to Section 7737.1(a) of the Business and Professions Code, this notice shall be provided to the beneficiaries, trustors, or legal representatives of the beneficiaries or trustors of the preneed funeral agreements, and the trustees holding the preneed funeral trusts associated with the preneed funeral agreements at least 60 days prior to the cessation of operations.

Written Certification of Service by Mail:

On _____ [Insert Date], I sent an original copy of this notice by regular mail to the following person, addressed as set forth below:

[Insert the following:

Name of Person to Whom Notice was Mailed

Address

City, Zip Code]

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____ [Insert month and Year].

Signed by: _____ (Title) _____

Print Name: _____

Contact Information for this Funeral Establishment:

Name of Funeral Establishment and Contact Person:

Address:

City _____ State _____ Zip Code _____

Telephone Number:

(____) _____

Website (Optional) _____

Email (Optional) _____

Pursuant to Section 7737.1(a) of the Business and Professions Code, this notice shall be provided to the beneficiaries, trustors, or legal representatives of the beneficiaries or trustors of the preneed funeral agreements, and the trustees holding the preneed funeral trusts associated with the preneed funeral agreements at least 60 days prior to the cessation of operations.