

date

Consumer Name  
Address  
City State Zip

Dear :

[Seller] has been selected by the State of Missouri Board of Embalmers and Funeral Directors to have their preneed contracts examined as authorized by Section 436.470, RSMo. This new law requires that the State Board routinely examine the financial records of each business that sells preneed funeral plans. I have been assigned by the State Board for this routine examination of the records of [Seller] to ensure that they are in compliance with state law. We would like your assistance to confirm their compliance.

Through the course of our examination we have determined that you have a preneed funeral contract with [Seller]. We would like to take this time to confirm that our records correctly reflect the total amount you have paid toward your preneed contract(s) as of [date]. Please verify the following information:

Contract Number:	####
Total Amount of Contract:	\$
Amount Paid as of 12/01/01:	\$

If your records match the above information provided, there is no need for further action on your part. If the information listed above is incorrect, or if you have any further questions please do not hesitate to contact me via email at [michelle.hankinson@pr.mo.gov](mailto:michelle.hankinson@pr.mo.gov) or by calling 314-909-1585.

Please contact me with any discrepancies by [date]. If you do not respond, we will assume that the amounts listed above are correct.

Thank you in advance for your time and consideration in this matter.

Michelle Hankinson,

*Michelle Hankinson*

Examiner