



APPRAISAL/BROKERAGE QUESTIONNAIRE FOR FUNERAL HOME

I. GENERAL INFORMATION

Contact Person: _____ Contact Phone: _____

Funeral Home Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Form of Organization: _____ (e.g. C-corp., S-corp., LLC, etc.)

Current Owners (Name): _____ Owns: _____%

_____ Owns: _____%

_____ Owns: _____%

_____ Owns: _____%

Year Funeral Home Acquired: _____ Year Funeral Home Started: _____

Where is title recorded? _____

Previous Owner(s): _____

Director/Manager's Name: _____

Accounting Firm: _____

Contact: _____ Telephone: _____

Law Firm: _____

Contact: _____ Telephone: _____

Provide a Brief History of the Funeral Home: _____

I. GENERAL INFORMATION (continued)

Total No. of Cases: _____

Annual No. of Cases:

Most Recent Year _____

Prior Year 1 _____

Prior Year 2 _____

Prior Year 3 _____

Prior Year 4 _____

Religious/Ethnic Groups Served: _____

Do you have a cemetery? _____

If not, do you plan to have one and when? _____

What hours is the funeral home open? _____

II. FUNERAL HOME LAYOUT AND FEATURES

Total Square Footage: _____

Number of Offices: _____

Number of Chapels/Visitation Rooms: _____

Prep Room on site? _____

Do you have a crematory? _____

Year Funeral Home was built _____

Any additions to original building? _____ If yes, what was added and what year was it added? _____

Is the funeral home enclosed by a fence? _____ Is there a gate? _____

Municipal Services: Water? _____ Sewer? _____ Gas? _____ Electric? _____

What is the zoning of the funeral home and surrounding land?

III. FINANCIAL INFORMATION

What is your State law regarding the percentage to be trusted on preneed sales for:

Caskets? _____ %
Vaults? _____ %
Services? _____ %
Memorials? _____ %

Market Value of Merchandise and "Special Funds" (e.g. flowers):

Fund: _____ Amount: \$ _____ Date: _____
Average Annual Net Return (%): _____

Fund: _____ Amount: \$ _____ Date: _____
Average Annual Net Return (%): _____

Fund: _____ Amount: \$ _____ Date: _____
Average Annual Net Return (%): _____

Fund: _____ Amount: \$ _____ Date: _____
Average Annual Net Return (%): _____

Has the funeral home ever filed for bankruptcy? ____ If so, when? _____

What computer information system, if any, do you use for:

Sales and Accounts Receivable? _____

Accounts Payable? _____

Payroll? _____

General Ledger? _____

Please provide the following:

- ___ 1. Complete Financial Statements (Balance Sheets, Profit and Loss Statements) for the past 5 fiscal years ended (past 10 years, if available).
- ___ 2. Aged Listing of Accounts Receivable.
- ___ 3. Listing of Outstanding Loans, including payment terms, interest rate and balances due.
- ___ 4. Itemized listing of other liabilities, including description and amount due.

III. FINANCIAL INFORMATION (Continued)

___ 5. List and describe any contingent liabilities (e.g. pending lawsuits).

___ 6. Inventory of caskets.

Please list the following:

- Number of Caskets
- Avg. Price Each
- Total Dollar Value

___ 7. Inventory of urns.

Please list the following:

- Number of Urns
- Avg. Price Each
- Total Dollar Value

___ 8. Inventory of clothing.

Please list the following:

- Avg. Price Each

___ 9. Insured value of Equipment.

Please list the following:

- Equipment Description
- No. of Units
- Insured Value
- Total Value

___ 10. Insured value of Office Equipment.

Please list the following:

- Equipment Description
- No. of Units
- Insured Value
- Total Value

___ 11. Insured value of Buildings.

Please list the following:

- Building Description
- Insured Value

III. FINANCIAL INFORMATION (Continued)

___ 12. Insured value of statues, artwork and other assets.

Please list the following:

- Item Description
- Insured Value

NOTE: IF INSURED VALUES ARE NOT AVAILABLE, PLEASE PROVIDE ORIGINAL COST, CURRENT BOOK VALUE AND, IF AVAILABLE, MARKET VALUE.

___ 13. Sales History: Please provide the following sales statistics for the last 4 years.

<u>Item Sold</u>	<u>Year</u>	<u>No. Sold</u>	<u>Total Sales Dollars</u>
Caskets			
	Most Recent Year	_____	\$ _____
	Prior Year 1	_____	\$ _____
	Prior Year 2	_____	\$ _____
	Prior Year 3	_____	\$ _____
Monuments/ Memorials			
	Most Recent Year	_____	\$ _____
	Prior Year 1	_____	\$ _____
	Prior Year 2	_____	\$ _____
	Prior Year 3	_____	\$ _____
Services			
	Most Recent Year	_____	\$ _____
	Prior Year 1	_____	\$ _____
	Prior Year 2	_____	\$ _____
	Prior Year 3	_____	\$ _____
Vaults			
	Most Recent Year	_____	\$ _____
	Prior Year 1	_____	\$ _____
	Prior Year 2	_____	\$ _____
	Prior Year 3	_____	\$ _____

III. FINANCIAL INFORMATION (Continued)

<u>Item Sold</u>	<u>Year</u>	<u>No. Sold</u>	<u>Total Sales Dollars</u>
Urns			
	Most Recent Year	_____	\$ _____
	Prior Year 1	_____	\$ _____
	Prior Year 2	_____	\$ _____
	Prior Year 3	_____	\$ _____

IV. SALES AND MARKETING

Please provide the following demographic information:

- Estimated population of market area: _____ (e.g. 25 mile radius).
- Estimated no. of deaths annually in the market area: _____.
- Your est. percentage of the cases within the market area: _____.

Describe the competing funeral homes within the market area:

1. Name: _____
Owned by: _____
% of market: _____
Strengths/weaknesses: _____

2. Name: _____
Owned by: _____
% of market: _____
Strengths/weaknesses: _____

3. Name: _____
Owned by: _____
% of market: _____
Strengths/weaknesses: _____

IV. SALES AND MARKETING (Continued)

Competitors (continued)

4. Name: _____

Owned by: _____

% of market: _____

Strengths/weaknesses: _____

5. Name: _____

Owned by: _____

% of market: _____

Strengths/weaknesses: _____

Prices for Services:

Average Service Fee: \$ _____

Other - _____ \$ _____

Other - _____ \$ _____

Other - _____ \$ _____

How often do you increase prices? _____

Sales tax percentage: _____%

Describe the main selling points of the funeral home: _____

IV. SALES AND MARKETING (Continued)

Describe sales approach (e.g. telemarketing, direct mail, direct sales calls, etc.)

Preneed Sales

Do you sell trust, insurance, or both? _____

Please list the insurance companies/agencies that have funded policies for your firm (i.e., Forethought, Homesteaders, etc.), as well as the total number of policies and the total prearrangement amount for each company:

Company/Agency	Total # of Policies	Total \$ Sold
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. PERSONNEL

Sales Force

No. of Sales Personnel on the payroll:

Full-time _____ # Part-time _____

Compensation structure (e.g. salary, commissions) _____

No. of independent Sales Reps _____

Compensation structure (e.g. commissions) _____

Method of compensating Sales Manager and/or Managing Executive

Licensed Funeral Directors

Full-time _____ # Part-time _____

Are Licensed Personnel unionized? _____ If so, which union? _____

Salary/Wage scale for Licensed Personnel \$ _____ to \$ _____

Office Personnel

Full-time _____ # Part-time _____

Are Office Personnel unionized? _____ If so, which union? _____

Salary of Office Manager \$ _____ per year

Wage range for Office Personnel \$ _____ per hour to \$ _____ per hour

Describe Employee Benefits (e.g. insurance) _____

VI. OTHER DOCUMENTS TO ATTACH

Please attach a copy of the following:

- ___ 1. Map of greater geographic area showing the relative location of the Funeral Home as well as competing cemeteries and funeral homes.
- ___ 2. Photos showing buildings, entrances, general grounds, and features of the Funeral Home.
- ___ 3. Legal description of the Funeral Home (and survey of the property).
- ___ 4. Rules & Regulations for the Funeral Home.
- ___ 5. Current Price List (GPL, Caskets, Vaults, etc.)
- ___ 6. Current Sales & Marketing brochures.

VII. CERTIFICATION

I hereby certify that the information submitted in the accompanying questionnaire represents the best of my knowledge with respect to all matters referenced herein.

Submitted by:

Name

Title

Date

Please return completed questionnaire and all attachments (maps, photos, price lists, sales brochures, etc.) to:

Larry Anspach
American Cemetery/Mortuary Consultants, Inc.
1509 Golden Oak Drive
Las Vegas, NV 89117