



## APPRAISAL/BROKERAGE QUESTIONNAIRE FOR CEMETERY

### I. GENERAL INFORMATION

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Cemetery Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Current Owners (Name): \_\_\_\_\_ Owns: \_\_\_\_\_%

\_\_\_\_\_ Owns: \_\_\_\_\_%

\_\_\_\_\_ Owns: \_\_\_\_\_%

\_\_\_\_\_ Owns: \_\_\_\_\_%

Year Cemetery Acquired: \_\_\_\_\_ Year Cemetery 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 Cemetery: \_\_\_\_\_

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**I. GENERAL INFORMATION (continued)**

Total No. of Deeds Issued: \_\_\_\_\_

Total No. of Burials: \_\_\_\_\_

Annual No. of Burials:

Most Recent Year \_\_\_\_\_

Prior Year 1 \_\_\_\_\_

Prior Year 2 \_\_\_\_\_

Prior Year 3 \_\_\_\_\_

Prior Year 4 \_\_\_\_\_

Religious/Ethnic Groups Served: \_\_\_\_\_

Do you have a funeral home? \_\_\_\_\_

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

What hours is the cemetery open? \_\_\_\_\_

Please provide a copy of the cemetery's Rules and Regulations.

**II. CEMETERY LAYOUT AND FEATURES**

Total Acres: \_\_\_\_\_

Developed Acres: \_\_\_\_\_ Undeveloped Acres: \_\_\_\_\_

Unusable Acres: \_\_\_\_\_ for what reason? (Lakes, ponds, etc.)

\_\_\_\_\_

Percentage of Roads hard-surfaced: \_\_\_\_\_ (e.g. blacktop or concrete)

Average Width of Roads: \_\_\_\_\_ (e.g. 20 ft.)

Avg. Width of Walkways: Central: \_\_\_\_\_ Interior Sections: \_\_\_\_\_

Size of Avg. Grave Space Sold: \_\_\_\_\_ (e.g. 3-1/2' X 9')

Location of Office: \_\_\_\_\_

Location of Service Building: \_\_\_\_\_

Do you have a crematory? If so, where is it located?

\_\_\_\_\_

**II. CEMETERY LAYOUT AND FEATURES (continued)**

Location(s) of Undeveloped areas (e.g., north perimeter, west of mausoleum):

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Describe Distinctive Features of the Cemetery:

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Average Distance to Carry Casket: \_\_\_\_\_

Cemetery Terrain: \_\_\_\_\_ (e.g. hilly, flat)

Is there a drainage system? \_\_\_\_\_

Is there an irrigation system? \_\_\_\_\_

Do roads have curbs? \_\_\_\_\_

Is there a music system: \_\_\_\_\_

Is the cemetery enclosed by a fence? \_\_\_\_\_ Is there a gate? \_\_\_\_\_

Municipal Services: Water? \_\_\_\_\_ Sewer? \_\_\_\_\_ Gas? \_\_\_\_\_ Electric? \_\_\_\_\_

What is the zoning of the cemetery and surrounding land?

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**III. FINANCIAL INFORMATION**

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

Lots? \_\_\_\_\_ %  
Lawn Crypts? \_\_\_\_\_ %  
Mausoleum Crypts? \_\_\_\_\_ %  
Niches? \_\_\_\_\_ %

Market Value of the Perpetual Care Fund: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Average Annual Net Return (%): \_\_\_\_\_

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

Memorials? \_\_\_\_\_ %  
Vaults? \_\_\_\_\_ %  
Interment Services? \_\_\_\_\_ %  
Other? \_\_\_\_\_ %

**III. FINANCIAL INFORMATION (Continued)**

**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 (%): \_\_\_\_\_

**What are the total sales (in dollars) of the preconstruction spaces that are yet to be delivered? \$ \_\_\_\_\_**

**Has the cemetery ever filed for bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_**

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

Sales and Accounts Receivable? \_\_\_\_\_

Property Inventory? \_\_\_\_\_

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.
- \_\_\_ 5. List and describe any contingent liabilities (e.g. pending lawsuits).

**III. FINANCIAL INFORMATION (Continued)**

\_\_\_ **6. Merchandise liability** (i.e., the cost of undelivered merchandise)

\_\_\_ **7. Inventory of grave spaces remaining for sale in developed sections of the cemetery.**

Please list the following:

- Section
- No. of Spaces Available
- Avg. Price Each
- Total Dollar Value

\_\_\_ **8. Inventory of lawn crypts remaining for sale in developed sections of the cemetery.**

Please list the following:

- Section
- No. of Crypts Available
- Avg. Price Each
- Total Dollar Value

\_\_\_ **9. Inventory of community mausoleum and garden crypts remaining for sale in constructed buildings.**

Please list the following:

- Building
- No. of Crypts Available
- Avg. Price Each
- Total Dollar Value

\_\_\_ **10. Inventory of Niches and Urn Spaces remaining for sale in developed sections and completed buildings.**

Please list the following:

- Section or Bldg
- No. of Niches and Spaces Available
- Avg. Price Each
- Total Dollar Value

\_\_\_ **11. Insured value of Grounds Equipment.**

Please list the following:

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

**III. FINANCIAL INFORMATION (Continued)**

**\_\_\_ 12. Insured value of Office Equipment.**

Please list the following:

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

**\_\_\_ 13. Insured value of Buildings.**

Please list the following:

- Building Description
- Insured Value

**\_\_\_ 14. 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.*

**\_\_\_ 15. Sales History:** Please provide the following sales statistics for the last 4 years. Record Companion Memorials as 2 units and, likewise, Pairs of Crypts as 2 units.

<u>Item Sold</u>	<u>Year</u>	<u>No. Sold</u>	<u>Total Sales Dollars</u>
Lots			
	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	_____	\$ _____

**III. FINANCIAL INFORMATION (Continued)**

<u>Item Sold</u>	<u>Year</u>	<u>No. Sold</u>	<u>Total Sales Dollars</u>
Lawn Crypts			
	Most Recent Year	_____	\$ _____
	Prior Year 1	_____	\$ _____
	Prior Year 2	_____	\$ _____
	Prior Year 3	_____	\$ _____
Mausoleum Crypts			
	Most Recent Year	_____	\$ _____
	Prior Year 1	_____	\$ _____
	Prior Year 2	_____	\$ _____
	Prior Year 3	_____	\$ _____
Niches and Urn Spaces			
	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	_____	\$ _____

**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 burials within the market area: \_\_\_\_\_.

**IV. SALES AND MARKETING (Continued)**

Describe the competing cemeteries 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: \_\_\_\_\_  
\_\_\_\_\_
  
- 4. Name: \_\_\_\_\_  
Owned by: \_\_\_\_\_  
% of market: \_\_\_\_\_  
Strengths/weaknesses: \_\_\_\_\_  
\_\_\_\_\_
  
- 5. Name: \_\_\_\_\_  
Owned by: \_\_\_\_\_  
% of market: \_\_\_\_\_  
Strengths/weaknesses: \_\_\_\_\_  
\_\_\_\_\_



**IV. SALES AND MARKETING (Continued)**

**Prices for Services:**

Interment Fee: \$ \_\_\_\_\_

Deed Transfer: \$ \_\_\_\_\_

Installation of Monuments/Memorials: \$ \_\_\_\_\_

Care of Monuments/Memorials: \$ \_\_\_\_\_

Vault Installation: \$ \_\_\_\_\_

Other - \_\_\_\_\_ \$ \_\_\_\_\_

Other - \_\_\_\_\_ \$ \_\_\_\_\_

Other - \_\_\_\_\_ \$ \_\_\_\_\_

How often do you increase prices? \_\_\_\_\_

If you allow more than one body per grave, how much do you charge for this privilege? \$ \_\_\_\_\_

Sales tax percentage: \_\_\_\_\_%

**Describe the main selling points of the cemetery:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

\_\_\_\_\_

**Grounds Personnel**

# Full-time \_\_\_\_\_ # Part-time \_\_\_\_\_

Are Grounds Personnel unionized? \_\_\_\_\_ If so, which union? \_\_\_\_\_

Salary of Grounds Superintendent \$ \_\_\_\_\_ per year

Wage range for Grounds Personnel \$ \_\_\_\_\_ per hour to \$ \_\_\_\_\_ per hour

**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. Overall map of the cemetery, individual section maps and aerial view of cemetery (if available).
- \_\_\_ 2. Map of greater geographic area showing the relative location of the cemetery as well as competing cemeteries and funeral homes.
- \_\_\_ 3. Legal description of the cemetery (and survey of the cemetery).
- \_\_\_ 4. Rules & Regulations for the Cemetery.
- \_\_\_ 5. Current Price List (property, merchandise & services)
- \_\_\_ 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**