



Louisiana Cemetery Board

3445 N. Causeway Blvd., Suite 700

Metairie, LA 70002

Telephone (504) 838-5267 -- Fax (504) 838-5289

Website: www.lcb.state.la.us

Report of Trustee and Report of Cemetery Authority

(Pursuant to R.S. 8:456 and R.S. 8:466)

Perpetual Care Trust Fund

Name of Cemetery : _____

Name of Cemetery Authority: _____

Name & Address of Trustee: _____

Status of Perpetual Care Trust Fund for year ending: _____

CORPUS ACCOUNT

I. VALUE OF FUND CARRIED FORWARD FROM LAST REPORT:

- 1) TOTAL OF INVESTMENTS (at cost): \$ _____
2) UNINVESTED CASH: \$ _____
3) TOTAL OF FUND (Line 1 plus Line 2): \$ _____

II. INVESTMENT ACTIVITY DURING CURRENT REPORTING PERIOD:

A) List sale of investments:

Table with columns: NAME, DATE ACQD., QUANTITY, ORIGINAL COST, DATE SOLD, AMOUNT RECEIVED

- 4) Gain or Loss from investment activity:..... \$ _____
5) Amount transferred from Income to Corpus by Cemetery:..... \$ _____
6) Total of activity during reporting period:..... \$ _____
(Line 6 equals Lines 4 & 5)

III. AMOUNTS DEPOSITED BY CEMETERY SINCE LAST REPORT:

Table with columns: DATE, AMOUNT DEPOSITED, DATE, AMOUNT DEPOSITED

- 7) Total amount deposited by Cemetery Authority during reporting period:..... \$ _____
NOTE: Quarterly deposits are required. Please attach confirmation of receipt of last quarter deposit.

IV. 8) TOTAL OF FUND AT END OF REPORTING PERIOD..... \$ _____
(Add Line 3 plus or minus Line 6 plus Line 7)

V. RECAP OF TOTAL ASSETS OF TRUST FUND AT END OF REPORTING PERIOD:

INVESTMENTS: (Attach a detailed list of each investment)

- 9) Certificates of Deposit \$ _____
10) U S Securities..... \$ _____
11) Listed Stocks & Bonds \$ _____
*12) Unlisted Stocks & Bonds..... \$ _____
13) Passbook Accounts..... \$ _____
14) Real Estate Mortgages..... \$ _____
*15) Other Receivables \$ _____
*16) Other Assets, describe..... \$ _____
17) TOTAL OF INVESTMENTS \$ _____
18) UNINVESTED CASH \$ _____
19) TOTAL OF FUND AT END OF REPORTING PERIOD \$ _____

*DESCRIPTION REQUIRED (Attach additional sheets, if necessary)

IMPORTANT-- LINES 8 & 19 MUST BALANCE

NOTE: THIS REPORT IS DUE INTO THE OFFICE OF THE LOUISIANA CEMETERY BOARD NO LATER THAN SIXTY (60) DAYS AFTER RECEIPT OF THE ANNUAL REPORT BY CEMETERIES (R.S. 8:456).

INCOME AND EXPENSE ACCOUNT

20) Income at beginning of year \$ _____
21) Income from investments \$ _____
22) TOTAL \$ _____
23) Trustee's fees \$ _____
24) Other expenses \$ _____
25) Amount remitted to Cemetery \$ _____
26) Amount transferred to Corpus \$ _____
27) BALANCE REMAINING IN THE CUSTODY OF TRUSTEE \$ _____
(Line 27 must equal Line 22 minus Lines 23, 24, 25, & 26)

28) INCREASE (DECREASE) IN CORPUS OF TRUST AT END OF REPORTING PERIOD . \$ _____
(Line 3 minus Line 19)

CERTIFICATION BY TRUSTEE

I hereby certify the foregoing report is TRUE and it correctly reflects the condition of this Perpetual Care Trust Fund Account for year ending _____.

RECORDATION INFORMATION:

Report must be filed with Clerk of District Court for the Parish in which the cemetery is located.
(R.S.8:456)

Name of Financial Institution, Board of Trustees or Perpetual Care Corporation having custody and control of the Perpetual Care Trust Fund

Authorized signature and title

Typed name of person signing above

Date

CERTIFICATION BY CEMETERY AUTHORITY

We declare to the best of our knowledge all information contained in this report is TRUE, CORRECT, and COMPLETE.

Name of Cemetery Authority

Signature of President/Vice-President

Signature of Officer other than President or Vice-President

**PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 700
Metairie, LA 70002**