



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 Authority: _____
 Name of Cemetery: _____
 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:

<u>NAME</u>	<u>DATE ACQD.</u>	<u>QUANTITY</u>	<u>ORIGINAL COST</u>	<u>DATE SOLD</u>	<u>AMOUNT RECEIVED</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

III. AMOUNTS DEPOSITED BY CEMETERY SINCE LAST REPORT:

	<u>DATE</u>	<u>AMOUNT DEPOSITED</u>		<u>DATE</u>	<u>AMOUNT DEPOSITED</u>
1st	_____	\$ _____	3rd	_____	\$ _____
2nd	_____	\$ _____	4th	_____	\$ _____

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

AFFIDAVIT AND CERTIFICATION BY CEMETERY AUTHORITY

- 1) The gross receipts from all interment spaces for the period ending _____ are \$ _____.
- 2) A care fund is in existence since _____ for the _____, the principal of which is equal to a minimum of ten percent (10%) on the gross sales of interment spaces made with a provision for Perpetual Care, since January 1, 1961, or since the date of inception, through _____. (Report Year)
- 3) The assets comprising the Care Fund are as listed on this Report of Trustee and Report of Cemetery Authority.

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20 _____.

 Name of Cemetery Authority

 Signature of President/Vice-President

 NOTARY PUBLIC

 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