



Louisiana Cemetery Board
 3445 N. Causeway Blvd., Suite 509
 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: _____ 20_____

CORPUS ACCOUNT

I. 1) CORPUS CARRIED FORWARD FROM LAST REPORT *(At Cost)*.....\$ _____

II. INVESTMENT ACTIVITY DURING CURRENT REPORTING PERIOD:

- 2) Gain or (Loss) from sale of investment(s) *(Attach a detailed schedule)* \$ _____
- 3) Capital Gain Dividends \$ _____
- 4) Taxes on gains - (Paid) Refunds \$ _____
- 5) Bond (Amortization) Accretion \$ _____
- 6) Amount transferred from Income to Corpus \$ _____
- 7) Other, describe \$ _____
- 8) TOTAL investment activity during reporting period.....\$ _____

Notes: (Line 5 should reconcile to Line 15) (Line 6 should reconcile to Line 19)

III. AMOUNTS DEPOSITED BY CEMETERY AUTHORITY SINCE LAST REPORT:

Deposit Date	Period Included	Amount Deposited	Deposit Date	Period Included	Amount Deposited
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9) Total amount deposited by Cemetery Authority during reporting period\$ _____

NOTE: Monthly deposits are required beginning in 2014.

IV. 10) TOTAL OF CORPUS ACCOUNT AT END OF REPORTING PERIOD.....\$ _____

(Add Line 1 plus or minus Line 8 plus Line 9)

INCOME AND EXPENSE ACCOUNT

V. INCOME ACTIVITY:

- 11) INCOME CARRIED FORWARD FROM LAST REPORT\$ _____
- 12) Income from investments \$ _____
- 13) TOTAL.....\$ _____
- 14) Trustee's fees \$ _____
- 15) Bond Discount (Premium) \$ _____
- 16) Taxes on income - (Paid) Refunds \$ _____
- 17) Other expenses, describe \$ _____
- 18) Amount remitted to Cemetery..... \$ _____
- 19) Amount transferred to Corpus \$ _____
- 20) TOTAL INCOME AT END OF REPORTING PERIOD.....\$ _____

(Line 20 must equal Line 13 plus or minus Lines 14, 15, 16, 17, 18 & 19)

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).

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

VI. INVESTMENTS: *(Attach a detailed list of each investment)*

- 21) Cash and Cash Equivalents \$ _____
- 22) Government Securities \$ _____
- 23) Listed Stocks \$ _____
- 24) Unlisted Stocks \$ _____
- 25) Bonds \$ _____
- 26) Real Estate Mortgages \$ _____
- 27) Other Receivables, describe \$ _____
- 28) Other Assets, describe \$ _____
- 29) TOTAL OF INVESTMENTS AT END FOR REPORTING PERIOD \$ _____
(IMPORTANT-- LINE 29 MUST BE THE SUM OF LINE 10 AND LINE 20)

30) Increase (Decrease) in Corpus of Trust at end of reporting period \$ _____
(Line 1 minus Line 10)

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 _____ 20____.

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 Trustee

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 has been in existence since _____ for the _____, the principal of which was 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/Title

NOTARY PUBLIC

Signature/Title

**PLEASE RETURN THIS FORM TO:
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Metairie, LA 70002**