



Louisiana Cemetery Board
Report of Trustee and Report of Cemetery Authority
MASTER TRUST - PARTICIPANT'S SCHEDULE
(Pursuant to R.S. 8:454; R.S. 8:456; and R.S. 8:466)
Perpetual Care Trust Fund

Name of Cemetery / Participant: _____

Name of Cemetery Authority: _____

Status of Perpetual Care Trust Fund for year ending: _____ 20_____

Proportion of participant's contribution to the balance of the master trust fund as of year-end... % _____

CORPUS ACCOUNT

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

II. INVESTMENT ACTIVITY DURING CURRENT REPORTING PERIOD:

2) PROPORTIONATE SHARE OF INVESTMENT ACTIVITY \$ _____

III. AMOUNTS DEPOSITED BY CEMETERY AUTHORITY SINCE LAST REPORT:

<u>Deposit Date</u>	<u>Period Included</u>	<u>Amount Deposited</u>	<u>Deposit Date</u>	<u>Period Included</u>	<u>Amount Deposited</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

NOTE: Monthly deposits are required beginning in 2014.

IV. 4) TOTAL OF CORPUS ACCOUNT AT END OF REPORTING PERIOD..... \$ _____

(Add Line 1 plus or minus Line 2 plus Line 3)

INCOME AND EXPENSE ACCOUNT

V. INCOME ACTIVITY:

5) INCOME CARRIED FORWARD FROM LAST REPORT . \$ _____

6) Proportionate share of total income from investments..... \$ _____

7) TOTAL \$ _____

8) Proportionate share of total fees..... \$ _____

9) Amount remitted to Cemetery Authority..... \$ _____

10) Amount transferred to Corpus \$ _____

11) TOTAL INCOME AT END OF REPORTING PERIOD..... \$ _____

(Line 11 must equal Line 7 plus or minus Lines 8, 9, & 10)

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

Print name of Notary: _____

Notary number: _____

My Commission Expires: _____

**PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002**