



**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\_\_\_\_.

\_\_\_\_\_  
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  
Print name of Notary: \_\_\_\_\_  
Notary number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature/Title

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