



Brian P. Kemp
Secretary of State

STATE BOARD OF CEMETERIANS C/O
SECURITIES AND BUSINESS REGULATION
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Robert D. Terry
Division Director

**ANNUAL REPORT OF CEMETERY PERPETUAL CARE TRUST
FOR YEAR ENDING DECEMBER 31, 2____**

This report is mandated by OCGA 10-14-12(g).

Please read instructions accompanying this form.

PART I - GENERAL				
Registration Number		Phone Number		
Name of Cemetery				
Mailing Address		City	State	Zip Code
Location of Records		City	State	Zip Code
Name and phone number of person to contact regarding this report:				
PART II - PERPETUAL CARE TRUST FUND				
Trustee Name		Phone Number		
Address		City	State	Zip Code
Depository: Attach additional pages, as necessary, with complete information for each depository.				
Name	Address	City	State	Zip Code
Name and phone number of contact person at depository		Account Name		Account Number
Name	Address	City	State	Zip Code
Name and phone number of contact person at depository		Account Name		Account Number

PLEASE READ INSTRUCTIONS ACCOMPANYING THIS FORM

PART IV – DEPOSITORY ACTIVITIES AND LIABILITIES		
A. Depository Activity (for sales contracts prior to July 1, 2000) - Attach additional sheets if necessary		
1	Total funds on deposit for trust account at beginning of year	\$
2	Add: Total deposits made for the yearly activity	\$
3	Add: Any other deposits made - attach explanation	\$
4	Add or Subtract: Any other increases or decreases to fund – attach explanation	\$
5	Subtotal (lines 1 through 4)	\$
Account Earnings, Expenses and Remittances		
6	Add: Income earned during the year	\$
7	Subtract: Trustee fees	\$
8	Subtract: Other expenses (see instructions)	\$
9	Subtract: Income remitted to cemetery	\$
10	Total Funds on deposit for trust account at end of year (lines 5 through 9) Attach copy of year-end statement from depository	\$
B. Annual Perpetual Care Account Liability (for sales contracts prior to July 1, 2000)		
11	Cumulative amount due to perpetual care account at beginning of the year	\$
12	Add: Amount due to perpetual care account for sales during period – attach detailed schedule for each	\$
13	Cumulative amount due to perpetual care account at end of the year	\$
C. Depository Activity (for sales contracts on or after July 1, 2000) Attach additional sheets if necessary – check here if not applicable ()		
14	Total funds on deposit for trust account at beginning of year	\$
15	Add: Total deposits made for the yearly activity	\$
16	Add: Any other deposits made - attach explanation	\$
17	Add or Subtract: Any other increases or decreases to fund – attach explanation	\$
18	Subtotal (lines 14 through 17)	\$
Account Earnings, Expenses and Remittances		
19	Add: Income earned during the year	\$
20	Subtract: Trustee fees	\$
21	Subtract: Other expenses (see instructions)	\$
22	Subtract: Income remitted to cemetery [] check here if >50% of developed lots have been sold and verified	\$
23	Total Funds on deposit for trust account at end of year (lines 18 through 22) Attach copy of year-end statement from depository	\$
D. Annual Perpetual Care Account Liability (for sales contracts on or after July 1, 2000)		
24	Cumulative amount due to perpetual care account at beginning of the year	\$
25	Add: Amount due to perpetual care account for sales during period – attach copy of sales journal or detailed schedule	\$
26	Cumulative amount due to perpetual care account at end of the year	\$
PART III - CERTIFICATION		
I hereby certify, under penalties of perjury, that the information contained in this Annual Report and the supporting documents attached hereto are true and correct to the best of my knowledge and belief. I further certify that all required deposits have been made to the perpetual care trust account. I am authorized to sign this document on behalf of the individual or corporate owner.		
Signature:		Print Name:
Title:		Date: