



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

**TRUSTEE'S REPORT
 DUE ON OR BEFORE APRIL 1**

CEMETERY NAME _____ **License #** _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

STATUS OF THE **PRECONSTRUCTION TRUST FUND** FOR CALENDAR YEAR END **December 31**

CORPUS ACCOUNT

I. BEGINNING BALANCE \$ _____(1)

II. Amounts deposited by cemetery since last report:

Date Received	Period Included	Amount Deposited	Date Received	Period Included	Amount Deposited
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

GRAND TOTAL OF AMOUNT DEPOSITED BY THE CEMETERY DURING PERIOD: \$ _____(2)

III. Amounts withdrawn by cemetery since last report:

Date Sent	Period Included	Amount Withdrawn	Date Sent	Period Included	Amount Withdrawn
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

GRAND TOTAL OF AMOUNT WITHDRAWN BY THE CEMETERY DURING PERIOD: \$ _____(3)

IV. GRAND TOTAL OF FUND CARRIED FORWARD:.....\$ _____
 (Add lines 1 plus 2 minus 3)

V. Recap of total assets of Trust at end of Calendar Period:

Investments: (Attach detailed list of each)

(A) Grand total of Investment:.....\$ _____

(B) Uninvested Cash.....\$ _____

(C) Grand total of Fund carried forward.....\$ _____

IMPORTANT – LINES IV. AND V. (C) MUST BALANCE ON THIS REPORT

INCOME ACCOUNT

(A) Income at beginning of year.....\$ _____
(B) Income from Investments.....\$ _____
(C) **Total**..... \$ _____
(D) Trustee Fees.....\$ _____
(E) Other Expenses.....\$ _____
(F) Amount remitted to cemetery.....\$ _____
(G) **Balance remaining in custody of the Trustee**..... \$ _____

(Line C minus D & E & F)

CERTIFICATION

I HEREBY CERTIFY THAT THE FOREGOING REPORT IS TRUE AND THAT IT CORRECTLY REFLECTS THE TRUE CONDITION OF THIS PRECONSTRUCTION TRUST FUND ACCOUNT UNDER AGREEMENT WITH THIS CEMETERY DATED _____, 20____

ATTEST: _____
NAME, ADDRESS AND **TELEPHONE NUMBER** OF TRUSTEE

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE AND TITLE