



**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 CARE AND MAINTENANCE TRUST FUND FOR THE CALENDAR YEAR ENDING DECEMBER 31

I. BEGINNING BALANCE.....\$ \_\_\_\_\_ (1)

II. INVESTMENT ACTION DURING PERIOD:

(A) LIST SALE OF INVESTMENTS, SUBSCRIPTION RIGHTS ON SECURITIES:

(NAME) (DATE ACQUIRED) (QUANTITY) (ORIGINAL COST) (DATE SOLD) (AMT RECEIVED)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

(2) CAPITAL GAIN OR LOSS..... \$ \_\_\_\_\_ (2)

(3) AMOUNT TRANSFERRED FROM INCOME TO CORPUS BY CEMETERY (LINE 20) \$ \_\_\_\_\_ (3)

(4) GRAND TOTAL OF ACTION FOR CALENDAR YEAR ENDING DEC. 31 \$ \_\_\_\_\_ (4)

(B) LIST NAME AND NUMBER OF SHARES RECEIVED AS DIVIDENDS:

\_\_\_\_\_  
 \_\_\_\_\_

III. AMOUNTS DEPOSITED BY CEMETERY SINCE LAST REPORT:

<u>DATE RECEIVED</u>	<u>AMOUNT DEPOSITED</u>	<u>DATE RECEIVED</u>	<u>AMOUNT DEPOSITED</u>	<u>DATE RECEIVED</u>	<u>AMOUNT DEPOSITED</u>
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

(5) GRAND TOTAL OF AMOUNTS DEPOSITED BY THE CEMETERY DURING PERIOD.....\$ \_\_\_\_\_ (5)

IV. (6) SUM OF LINES 1 THROUGH 5.....\$ \_\_\_\_\_ (6)

V. RECAP BREAKDOWN OF TOTAL ASSETS OF TRUST AT END OF CALENDAR YEAR:  
 INVESTMENTS: (ATTACH DETAILED LIST OF EACH)

(7) STOCKS.....	\$ _____	(7)
(8) BONDS.....	\$ _____	(8)
(9) MORTGAGES.....	\$ _____	(9)
(10) SAVINGS OR OTHER.....	\$ _____	(10)
(11) GRAND TOTAL OF INVESTMENTS (SUM OF LINES 7 THROUGH 10).....	\$ _____	(11)
(12) UNINVESTED CASH.....	\$ _____	(12)
(13) ENDING PRINCIPAL BALANCE (SUM OF LINES 11 THROUGH 12).....	\$ _____	(13)

VI. INCOME ACCOUNT

(14) BEGINNING INCOME BALANCE.....	\$ + _____	(14)
(15) INCOME FROM INVESTMENTS.....	\$ + _____	(15)
(16) SUBTOTAL.....	\$ _____	(16)
(17) TRUSTEE'S FEE.....	\$ - _____	(17)
(18) OTHER EXPENSES.....	\$ - _____	(18)
(19) AMOUNT REMITTED TO THE CEMETERY.....	\$ - _____	(19)
(20) AMOUNT TRANSFERRED TO CORPUS (LINE 3).....	\$ - _____	(20)
(21) ENDING INCOME BALANCE (SUM OF LINES 14 THROUGH 20).....	\$ _____	(21)

**CERTIFICATION**

I HEREBY CERTIFY THAT THE FOREGOING REPORT IS TRUE AND THAT IT CORRECTLY REFLECTS THE TRUE CONDITION OF THIS CARE AND MAINTENANCE TRUST FUND ACCOUNT UNDER AGREEMENT WITH THIS CEMETERY DATED \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 NAME, ADDRESS AND **TELEPHONE NUMBER** OF TRUSTEE

ATTEST:

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 AUTHORIZED SIGNATURE AND TITLE