



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 Amounts withdrawn by cemetery since last report:

Date Sent	Period Included	Amount Withdrawn	Date Sent	Period Included	Amount Withdrawn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GRAND TOTAL OF AMOUNT WITHDRAWN BY THE CEMETERY DURING PERIOD: \$ (3)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:

TELEPHONE NUMBER: () -

EMAIL ADDRESS:

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE AND TITLE