



BURIAL SERVICES SECTION
DAVY CROCKETT TOWER
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ANNUAL REPORT OF TRUSTEE ON CEMETERY COMPANY'S
MERCHANDISE AND SERVICES TRUST

Note: This report must be completed and received no later than seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail this report to Burial Services at the address above.

For the fiscal year beginning _____, 20____ and ending _____, 20_____.

I. GENERAL INFORMATION

1. TRUSTOR:

- A. Cemetery company name: _____
B. Cemetery company address: _____
C. Trust identification (style and number): _____

2. REPORTING INSTITUTION:

- A. Name: _____
B. Address: _____
C. Trust Officer: _____
D. Information Contact: _____
E. Phone Number: _____

II. STATEMENT OF CHANGE IN TRUST FUND (Based on Cost)

Table with 2 columns: Description and Amount. Rows include: 1. Beginning balance, 2. Additions (a. Payments received from cemetery company, b. Other), 3. Investment Earnings, 4. Deductions (a. Distribution to cemetery company, b. Withdrawal pursuant to 120% Rule, c. Other), 5. Ending Balance.

(OVER)

III. MEMORANDA FOR RECONCILIATION

List all deposits to the merchandise and services trust fund received from the cemetery during this period.

DATE/AMOUNT	AMOUNT	DATE/AMOUNT	AMOUNT

IV. ASSETS OF TRUST FUND AT END OF REPORTING PERIOD

	COST	MARKET
1. Cash & Equivalents	\$ _____	\$ _____
2. Equities	\$ _____	\$ _____
3. Fixed Income	\$ _____	\$ _____
4. Real Estate	\$ _____	\$ _____
5. Loans:		
a. Mortgages	\$ _____	\$ _____
b. Other _____ (explain)	\$ _____	\$ _____
6. Other _____ (explain)	(\$ _____)	(\$ _____)
7. Total:	\$ _____	\$ _____

V. TRUSTEE'S CERTIFICATION

STATE OF TENNESSEE

COUNTY OF _____

I, _____, duly elected and serving as _____ of
 (Name of bank or trust company) _____, trustee of the
 merchandise and services trust above named and described, being first duly sworn, do hereby affirm that the information
 contained in and submitted with this report is complete, true and accurate.

X _____
 (Trustee's Signature)

(NOTARY SEAL)

Sworn to and subscribed before me this _____ day of _____, 20_____.

My Commission Expires: _____

Notary's Signature: _____