



BURIAL SERVICES SECTION
DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1145
PHONE (615) 741-5062 FAX (615) 532-1903
Website: <http://funeral.tn.gov>

CALENDAR YEAR: _____

PRENEED SELLER REGISTRATION NUMBER: _____ (Required) REVISED REPORT: (Check if applicable)

TRUSTEE'S PRENEED FUNERAL FUNDS REPORT
ON IRREVOCABLE and REVOCABLE COMBINED TRUSTS

Note: This report must be completed and received no later than March 15th of each calendar year. File this report with Burial Services by mail to the address above or email to funeral.cemetery.board@tn.gov. Incomplete reports will not be accepted but returned to the trustee for completion.

A. Name and location of funeral establishment from which funds were received in trust under agreement:

(Name of Establishment) (Mailing Address)

(Physical Address) (Phone Number)

B. Name and contact information of trustee (state or national bank – see TCA § 62-5-403 and 411) submitting this report:

(Name of Financial Institution) (Mailing Address)

(Email Address of Contact Person) (Phone Number)

C. Date of trust agreement: _____
(If a consolidated report is not practical, make a separate report for each trust agreement.)

D. Statement of Changes in Trust(s) Balance (consolidated if more than one trust agreement)

- | | | |
|--|----------|-------------|
| 1. Beginning Balance | | 1. \$ _____ |
| 2. Received this year in trust | | 2. \$ _____ |
| (a) Received from establishment | \$ _____ | |
| (b) Received from purchasers in payments | \$ _____ | |
| 3. Earnings realized this year (interest, dividends, capital gains/losses) | | 3. \$ _____ |
| 4. Aggregate distribution | | 4. \$ _____ |
| (a) Principal and Earnings | \$ _____ | |
| (b) Taxes | \$ _____ | |
| (c) Fees | \$ _____ | |
| (d) Refunds | \$ _____ | |
| (e) Transfers | \$ _____ | |
| 5. Ending Balance (sum of D1 + D2 + D3 - D4 = D5)
(principal and accumulated earnings) | | 5. \$ _____ |

(Note: Investment, Assets, and Certification Sections on next page must be completed.)

INVESTMENTS			
All sections of this part must be completed. Show aggregate amount in each type of investment.			
Depository (Bank, Trust Company, Etc.)	Investment	Amount	Total % of Inv.
Example: First Bank	Certificates of Deposit	\$ 000,000	XX%
Example: State Trust Company	U.S. Treasury Bills	\$ 000,000	XX%
Total Funds in Trust (should equal line 5 on page 1)		\$ _____	100%

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	\$ _____	\$ _____

Attach a listing that includes original contract date, individual account holder name, account no., and balance as of beginning and end of reporting period. Balances should agree with Section D numbers 1 and 5 of this report.

Example:

Name	Original Contract Date	Trust Account #	Beginning Balance	Year-End Balance
John Doe	1/01/1995	123	\$ 1,000.00	\$ 1,200.00

CERTIFICATION OF TRUSTEE

STATE OF _____

COUNTY OF _____

I, _____, _____ of _____
(Name) (Title) (Trustee)

_____ serving as trustee of the preneed funeral fund(s) above named and described, being first duly sworn, do hereby affirm, under penalty of perjury, that the information contained in and submitted with this report is complete, true and accurate.

X _____
(Trustee's Signature)

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

(NOTARY SEAL)

X _____
(Notary's Signature)

My Commission Expires: _____