

Improvement Care Trust Certification

This cemetery, _____,

of _____, Tennessee, certifies that the following requirements have been met in accordance with Tennessee Code Annotated, Section 46-1-204(e)(4)(E)(i) and (ii):

1. REGISTRATION

The cemetery company is currently registered with Burial Services as evidenced by a copy of the Certificate of Registration (a copy of that registration is submitted with this certification).

2. DEPOSITS

_____The cemetery company is current on required deposits to the cemetery's Improvement Care Trust Fund;

OR

_____The cemetery is current with payments on any arrearages, and those payments have been made in accordance with prior written approval from the Commissioner of the Tennessee Department of Commerce and Insurance (a copy of that approval is submitted with this certification).

STATE OF _____

COUNTY OF _____

I, _____, _____,
Name Title

of _____
Name of Cemetery Company

affirm the information furnished in conjunction with this certification is complete, true and accurate.

X _____
(Signature)

(NOTARY SEAL)

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

My Commission Expires: _____ Notary's Signature _____