



**DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION**

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**ANNUAL REPORT OF TRUSTEE ON CEMETERY COMPANY'S
MERCHANDISE & SERVICES TRUST FUND**

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

Fiscal year beginning _____, 20__ and ending _____, 20__

I. GENERAL INFORMATION

1. Name and address of cemetery: _____

2. Name and address of the company that owns the cemetery: _____

3. Name and address of trustee of merchandise and services fund: _____

4. Trust identification (style and number): _____
5. Contact person regarding this report: _____ Telephone No.: _____

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

- | | |
|--|----------|
| 1. Beginning balance | \$ _____ |
| 2. Additions: | |
| a. Payments received from cemetery company (Section III) | \$ _____ |
| b. Other (explain using a separate sheet) | \$ _____ |
| 3. Investment earnings | \$ _____ |
| 4. Deductions: | |
| a. Distributions to the cemetery company for delivered/cancelled M&S | \$ _____ |
| b. Withdrawal pursuant to "120% Rule" | \$ _____ |
| c. Other (explain using a separate sheet) | \$ _____ |
| 5. Ending balance | \$ _____ |

III. MEMORANDA FOR RECONCILIATION

List all deposits to the merchandise and services trust fund received from the cemetery during this period. Use a separate sheet if necessary.

DATE / AMOUNT	DATE / AMOUNT	DATE / AMOUNT	DATE / 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 fund 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)

(NOTARY SEAL)

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

My Commission Expires: _____ Notary's Signature _____