


ARKANSAS INSURANCE DEPARTMENT | PERPETUAL CARE CEMETERIES  
 ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY  
 FOR THE YEAR \_\_\_\_\_

**THIS ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 15<sup>th</sup> WITH THE ARKANSAS**  **PERPETUAL CARE CEMETERIES, 1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904. The annual report fee to be filed with this report shall be \$325.00. You may also pay your permit renewal fee of \$100.00 with this report. Please pay the permit renewal fee, the annual report fee, and the burial sales contract fee with separate checks, and indicate on each check which fee the payment is for. Make checks payable to: Perpetual Care Cemeteries.**

**Pursuant to Ark. Code Ann. § 20-17-1023(b)(2)(A), a fee of seven dollars (\$7.00) for each burial sales contract entered into by the cemetery company regardless of the number of spaces sold under the contract regarding plots, crypts, and niches must accompany this report.**

**NOTE: Pursuant to Ark. Code Ann. § 20-17-1023(c)(1), a cemetery company will be assessed a \$50.00 per day additional contribution to the Permanent Maintenance Trust Fund for the failure to timely file this report. The Board cannot waive this additional contribution.**

NAME OF CEMETERY: \_\_\_\_\_

PHYSICAL LOCATION OF CEMETERY: \_\_\_\_\_

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 AREA CODE/TELEPHONE AREA CODE/FACSIMILE E-MAIL

PERSON RESPONSIBLE FOR BOOKS AND RECORDS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 AREA CODE/TELEPHONE AREA CODE/FACSIMILE E-MAIL

PHYSICAL LOCATION OF RECORDS: \_\_\_\_\_

ANNUAL REPORT PREPARED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 AREA CODE/TELEPHONE AREA CODE/FACSIMILE E-MAIL

<u>TITLE OF SCHEDULE</u>	<u>CHECK IF ENCLOSED</u>
Schedule "A" Recap of Schedules	<input type="checkbox"/>
Schedule "B" Lot Sales and Trust Fund Deposits	<input type="checkbox"/>
Schedule "C" Mausoleum Sales and Trust Fund Deposits	<input type="checkbox"/>
Schedule "D" Lawn Crypt Sales and Trust Fund Deposits	<input type="checkbox"/>
Schedule "E" Donations, Gifts, Fines and Other Contributions	<input type="checkbox"/>
Schedule "F" Burial Sales Contracts	<input type="checkbox"/>
Copy of bank statements for current year showing all deposits to Trust	<input type="checkbox"/>

QUESTIONS AND INFORMATION

(1) The cemetery is owned by  individuals  general partnership  partnership  corporation

(2)

OWNER OF CEMETERY	OWNER OF CEMETERY
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE and ZIP	CITY, STATE and ZIP
AREA CODE/TELEPHONE	AREA CODE/FACSIMILE
E-MAIL	E-MAIL

(3) The cemetery is operated by: \_\_\_\_\_

(4) If the cemetery is owned or operated by a corporation, please provide the following information:

Corporation Name \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Name and address of the corporation's resident agent for service \_\_\_\_\_

Address of corporation's resident office: \_\_\_\_\_

(5) There were  were not  any changes in ownership or control of the cemetery.  
(If yes, please explain)

\_\_\_\_\_

(6) The Trustee(s) is: (check one)

a. A state or national bank with trust powers as authorized by Ark. Code Ann. § 20-17-1014(1).

b. Three trustees as authorized by Ark. Code Ann. § 20-17-1014(2).

c. An individual trustee as authorized by Ark. Code Ann. § 20-17-1014(3).

The name(s) and home address(es) of the Trustee(s) or the bank name and address are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>PECUNIARY OR FINANCIAL INTEREST IN THE CEMETERY (YES OR NO)</u>

(7) There were  were not  any changes in Trustee(s) or the form of Trustee(s).  
(If yes, please explain)

\_\_\_\_\_

- (8) A copy of the Trust Agreement and all amendments thereto has  has not  been filed with the Arkansas Insurance Department's Perpetual Care Cemeteries Division.
- (9) Were all sales contracts numbered consecutively after they were executed?  Yes  No
- (10) The total number of sales contracts executed in prior year was \_\_\_\_\_, the number of the first sales contract executed in prior year was \_\_\_\_\_, and the number of the last sales contract executed in prior year was \_\_\_\_\_.
- (11) How many sales contracts were cancelled? \_\_\_\_\_ How many were voided? \_\_\_\_\_
- (12) Does the cemetery maintain a copy of each sales contract in a numerical file or a numerical listing of each sale?  Yes  No
- (13) Does the cemetery have any sales contracts that have been discounted with a bank or other financial institution?  Yes  No
- (14) Does the cemetery maintain or use any deeds that are not pre-numbered?  Yes  No
- (15) The total number of pre-numbered deeds executed in prior year was \_\_\_\_\_, the number of the first pre-numbered deed executed in prior year was \_\_\_\_\_, and the number of the last pre-numbered deed executed in prior year was \_\_\_\_\_.
- (16) How many pre-numbered deeds were voided in prior year? \_\_\_\_\_

AFFIDAVIT

STATE OF ARKANSAS }  
 }SS.  
 COUNTY OF \_\_\_\_\_ }

BEFORE ME, the undersigned authority, on the day personally appeared \_\_\_\_\_  
 and \_\_\_\_\_ known to me to be the President and Secretary, or Owners,  
 respectively, (or two of the responsible officers) of \_\_\_\_\_  
 (Name of Cemetery Company)

and being duly sworn on oath did depose and say, each for himself/herself that each of the affiants have read the above and foregoing report of operations, activities and schedules attached hereto of said cemetery for the current year, that each knows the contents thereof, and that the facts set forth therein are known by each of said affiants to be in all things true and correct.

\_\_\_\_\_  
 President or Owner

\_\_\_\_\_  
 Secretary

SUBSCRIBED AND SWORN TO before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 (Notary Public)

My Commission Expires:  
 \_\_\_\_\_

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY  
 FOR THE YEAR \_\_\_\_\_

NAME OF CEMETERY: \_\_\_\_\_

LOCATION OF CEMETERY: \_\_\_\_\_

**FILL IN ALL SPACES**

		FROM SCHEDULE "B"	FROM SCHEDULE "C"	FROM SCHEDULE "D"	FROM SCHEDULE "E"	TOTALS
(A)	Amount owed trust fund as of December 31 <sup>st</sup> <b>(from line E of Schedule A on the previous year's report)</b>	(a) \$	\$	\$	\$	\$
(B)	Amount due Trust fund for current year <b>(Total of column 4 on pages 5, 6, 7, and column 3 of page 8)</b>	(b) \$	\$	\$	\$	\$
(C)	<b>SUBTOTAL (Add Lines A &amp; B)</b>	(c) \$	\$	\$	\$	\$
(D)	Deposits to trust fund for current year <b>(Total of column 5 on schedules B,C, an D and column 4 of Schedule E)</b>	(d) \$	\$	\$	\$	\$
(E)	Amount owed trust fund as of December 31 <sup>st</sup> <b>(Subtract line D from line C)</b>	(e) \$	\$	\$	\$	\$
(F)	If line "E" shows any amount(s) owed the trust fund, enter the date(s) that the amount(s) were deposited to the trust fund	(f)				

**Compare (D) with the bank statements and make sure all of the deposits can be verified. If a deposit is not shown, please explain.**

\_\_\_\_\_  
 \_\_\_\_\_

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY  
 SCHEDULE BY MONTH OF LOT OR GRAVE SPACE SALES PAID-IN-FULL  
 AND ACCOUNTING FOR CORRESPONDING TRUST FUND DEPOSITS  
 FOR THE YEAR \_\_\_\_\_

NAME OF CEMETERY: \_\_\_\_\_

LOCATION OF CEMETERY: \_\_\_\_\_

<u>Month</u>	(1) Number of Lot Sales Contracts Paid-in-Full <u>Each Month</u>	(2) Gross Price of Lot Sales Paid-in-Full <u>Each Month</u>	(3) Contribution Percentage	(4) Amount Due Trust Fund (Column 2 X Column 3)	(5) Amount of Deposits Made to Trust Fund <u>Each Month</u>	(6) Date of Deposits to Trust Fund (MM/DD/YY)	(7) Number of Deeds Executed <u>Each Month</u>
January		\$		\$	\$		
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
TOTALS		\$		\$	\$		

**Compare each deposit with the bank statements to ensure all deposits can be verified. If a deposit is not shown, please explain.**

\_\_\_\_\_  
 \_\_\_\_\_

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY

SCHEDULE BY MONTH OF MAUSOLEUM CRYPT OR NICHE SALES PAID-IN-FULL  
 AND ACCOUNTING FOR CORRESPONDING TRUST FUND DEPOSITS  
 FOR THE YEAR \_\_\_\_\_

NAME OF CEMETERY: \_\_\_\_\_

LOCATION OF CEMETERY: \_\_\_\_\_

Month	(1) Number of Mausoleum Sales Contracts Paid-in-Full Each Month	(2) Gross Price Of Mausoleum or Number of Crypts Sales Paid-in Full Each Month	(3) Contribution Percentage Per Mausoleum or Crypt	(4) Amount Due Trust Fund (Column 2 X Column 3)	(5) Amount of Deposits Made to Trust Fund Each Month	(6) Date of Deposits to Trust Fund (MM/DD/YY)	(7) Number of Deeds Executed Each Month
January		\$		\$	\$		
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
TOTALS		\$		\$	\$		

Compare each deposit with the bank statements to ensure all deposits can be verified. If a deposit is not shown, please explain.

\_\_\_\_\_  
 \_\_\_\_\_

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY

SCHEDULE BY MONTH OF LAWN CRYPT SALES PAID-IN-FULL  
AND ACCOUNTING FOR CORRESPONDING TRUST FUND DEPOSITS  
FOR THE YEAR \_\_\_\_\_

NAME OF CEMETERY: \_\_\_\_\_

LOCATION OF CEMETERY: \_\_\_\_\_

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
		Gross Price of Lawn Crypt Sales or Number of Lawn Crypts Paid in-Full Each Month	Contribution Percentage Per Lawn Crypt	Amount Due Trust Fund (Column 2 X Column 3)	Amount of Deposits Made to Trust Fund Each Month	Date of Deposits to Trust Fund (MM/DD/YY)	Number of Deeds Executed Each Month
<u>Month</u>	<u>Number of Lawn Crypt Sales Contracts Paid-in-Full Each Month</u>	<u>Each Month</u>	<u>Each Month</u>	<u>Each Month</u>	<u>Each Month</u>	<u>Each Month</u>	<u>Each Month</u>
January		\$		\$	\$		
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
TOTALS		\$		\$	\$		

Compare each deposit with the bank statements to ensure all deposits can be verified. If a deposit is not shown, please explain.

\_\_\_\_\_  
\_\_\_\_\_

ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY  
 SCHEDULE OF DONATIONS, GIFTS, FINES AND OTHER MISCELLANEOUS CONTRIBUTIONS  
 RECEIVED FOR AND DEPOSITED TO THE TRUST FUND  
 FOR THE YEAR \_\_\_\_\_

NAME OF CEMETERY: \_\_\_\_\_

LOCATION OF CEMETERY: \_\_\_\_\_

	(1)	(2)	(3)	(4)	(5)
<u>Month</u>	<u>Fines Levied</u>	<u>Donations, Gifts or other Contributions Received for Trust Fund</u>	<u>Amount Due Trust Fund (if different from Column 1 + Column 2) Please Explain</u>	<u>Amount of Deposits Made to Trust Fund Each Month</u>	<u>Date of Deposits to Trust Fund (MM/DD/YY)</u>
January	\$	\$	\$	\$	
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

**Compare each deposit with the bank statements to ensure all deposits can be verified. If a deposit is not shown, please explain.**

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Please give an explanation of each fine, gift, donation, and/or other contribution in the space provided below. Examples could include fines levied under the Cemetery Act, extra trust fund contributions made by purchasers, or trust fund income returned to the trust fund as additional principal contributions, etc.

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ANNUAL REPORT OF PERPETUALLY MAINTAINED CEMETERY BY CEMETERY COMPANY  
 SCHEDULE OF BURIAL SALES CONTRACTS ENTERED INTO BY THE CEMETERY COMPANY  
 FOR THE YEAR \_\_\_\_\_

NAME OF CEMETERY: \_\_\_\_\_

LOCATION OF CEMETERY: \_\_\_\_\_

<u>Month</u>	(1) Number of Burial Sales <u>Contracts</u>	(2) Amount Due <u>(\$7.00 Per Contract)</u>
January		\$
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
TOTALS		\$