



GEORGIA SECRETARY OF STATE
Cemetery and Funeral Services

ANNUAL REPORT OF PRECONSTRUCTION MAUSOLEUM
TRUST ACCOUNT

FOR YEAR ENDING DECEMBER 31, 20____

This report is mandated by OCGA 10-14-12(g).

For guidance on completing report, please read instructions accompanying this form.

PART I - GENERAL			
Name of Cemetery		Registration Number	
Mailing Address		City	State Zip Code
Name of Contact Person		Contact Person Telephone Number	
Contact Person Email Address			
PART II - PRECONSTRUCTION MAUSOLEUM TRUST ACCOUNT			
Name of Trustee		Telephone Number	
Address		City	State Zip Code
DEPOSITORY INFORMATION: Attach additional pages, as necessary, with complete information for each depository.			
Name of depository			
Address		City	State Zip Code
Account Name		Account Number	
Name of contact person at depository	Telephone Number	Email Address	
Name of depository			
Address		City	State Zip Code
Account Name		Account Number	
Name of contact person at depository	Telephone Number	Email Address	
Name of depository			
Address		City	State Zip Code
Account Name		Account Number	
Name of contact person at depository	Telephone Number	Email Address	

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DEPOSITORY ACTIVITY (IF MORE THAN ONE ACCOUNT, LIST FIGURES AS TOTALS OF ALL ACCOUNTS)		
1.	Total funds on deposit for the preconstruction trust account at beginning of year	\$
2.	ADD: Total deposits made for the yearly activity	\$
3.	ADD: Any other deposits made – Attach explanation	\$
4.	ADD OR SUBTRACT: Income, increases/decreases to fund. <i>Attach explanation.</i>	\$
5.	Subtotal: Lines 1 through 4	\$
6.	SUBTRACT: Trustee fees for the year	\$
7.	SUBTRACT: Other depository fees for the year	\$
8.	SUBTRACT: Withdrawals. <i>Attach approval letters or detailed explanation.</i>	\$
9.	Total funds on deposit in Escrow Account at end of year (Lines 5 through 8) <i>Attach copy of year-end statement from Depository.</i>	\$
ANNUAL PRECONSTRUCTION MAUSOLEUM TRUST ACCOUNT LIABILITY		
1.	Cumulative amount due to Trust Account at beginning of year	\$
2.	ADD: Amount of deposits due to account for year's activities for sales. <i>Attach copy of sales journal or detailed schedule.</i>	\$
3.	SUBTRACT: Amount eligible for withdrawal from Escrow Account for yearly activities. List only amount actually due to Trust Account.	\$
4.	Cumulative amount due to Escrow Account at end of year (Do not include interest earned).	\$

PART III - CERTIFICATION	
<p>The undersigned hereby verifies that he/she has executed this form on behalf of, and with the authority of, the registrant. The undersigned and registrant represent that the information and statements contained herein, including the supporting documents attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true, and complete. I further certify that all required deposits have been made to the preneed escrow account in compliance with the Georgia Cemetery and Funeral Services Act of 2000.</p>	
Signature:	Print Name:
Title:	Date:



**GEORGIA SECRETARY OF STATE
Cemetery and Funeral Services**

ANNUAL REPORT OF PRECONSTRUCTION MAUSOLEUM TRUST ACCOUNT

INSTRUCTIONS

PART I – GENERAL

- Complete general information about the cemetery.

PART II – GENERAL PRENEED ESCROW ACCOUNT AND DEPOSITORY INFORMATION

- General preconstruction mausoleum trust account and depository information.
- Complete depository information to include full.
- Complete account name as recorded with the financial institution.

Depository Activity

- Line 1:** Fill in the amount (market value) of funds on deposit at the beginning (January 1) of the current reporting year. This should match what was reported as the amount (market value) of funds on deposit at the end (December 31) of the previous reporting year.
- Line 2:** Add total deposits made for the yearly activity. These deposits are based on deposit requirements according to O.C.G.A. §10-14-29(c).
- Line 3:** Add any other deposits made. This equals amounts deposited to this account other than those accounted for in line 2. This would include amounts deposited to cover shortfalls. Attach explanation.
- Line 4:** Add or subtract any other increases or decreases to fund. This would include all interest or other income earned, market fluctuations in investment values (unrealized gains and losses) and net realized gains or losses from sales of investments. Attach explanation.
- Line 5:** Subtotal. This is the subtotal of the amounts in lines 1 through 4.
- Line 6:** Subtract trustee fees. This is the amount charged and labeled as account management or administrative fees charged by the trustee.
- Line 7:** Subtract depository fees if any. This is the amount of expenses charged by the depository for maintenance of the account. This may be in addition to any trustee fees.
- Line 8:** Subtract withdrawals from the preconstruction trust account. These withdrawals should have been approved by the Secretary of State. Attach a copy of approval letter(s) or detailed explanation
- Line 9:** Total funds on deposit for trust account at end of year. This amount is calculated as the sum of lines 5 through 8.

Annual Preneed Escrow Liability

- Line 10:** Cumulative amount due to the trust account at beginning of year. This amount is the total of all deposits required to be made pursuant to O.C.G.A. § 10-14-29(c) to the trust account from its inception less any approved withdrawals.
- Line 11:** Add amount of deposits due to the account for reporting year's activities for sales and services. Attach Sales Journal or detailed schedule.

- Line 12:** Subtract amount eligible to withdraw from trust account for yearly deliveries – list only actual amount due to the escrow account. Any withdrawals must be approved by the Secretary of State Office prior to withdrawal from the account.
- Line 13:** Cumulative amount due to the escrow account at end of year. This amount is the total of amounts in lines 10, 11 and 12. It represents the total liability the cemetery has to honor its preconstruction mausoleum trust account obligation according to O.C.G.A. §10-14-29(c).

PART III - CERTIFICATION

The person signing the form certifies, under penalties of perjury, that he/she is authorized to sign the document and certifies that deposits have been made and the information presented in the form and any attached documentation are correct.