



ANNUAL STATEMENT OF 2011 PERPETUAL CARE FUND ACTIVITY AND CERTIFICATE OF AUTHORITY RENEWAL FILING INSTRUCTIONS

Who Must File an Annual Statement and Renewal Application (Renewal Application)? All certificate holders must complete and file the Renewal Application.

It is *extremely* important that you submit accurate and complete information.

Your completed Renewal Application is required in our office by February 1, 2012.

Completing the Renewal Application

- Pages 1, 2, and 3 of the Renewal Application are to be completed by the certificate holder.
- Page 4 of the Renewal Application is to be completed and signed by an officer of the bank or trust company holding perpetual care trust funds.
- Page 8 must be signed by a principal officer of the company as required by Section 712.041(b) of the Texas Health & Safety Code.
- If applicable, include an assumed name certificate that has been filed with the Secretary of State **and** County Clerk. Please refer to the Assumed Name Certificate instructions enclosed for more information.
Note: These certificates expire 10 years after date of original filing.
- Attach the most recent financial statements of the certificate holder including a balance sheet and income statement. The date of the financial statements may **not** be older than December 31, 2010. *The enclosed blank financial statement forms may be used if you do not have a financial statement format. The financial statements are confidential and will not be subject to Open Records Act requests. Submission of financial statements is now required to determine the certificate holder's financial fitness and viability under Section 712.0037 of the Texas Health and Safety Code Annotated.*
 - Certificate holders may submit a 2010 tax return in lieu of the financial statements.
 - The Department may request additional financial information if the balance sheet and income statement or tax return submitted do not clearly establish the certificate holder's financial condition.

Filing the Annual Statement and Renewal

Mail, fax, **or** e-mail the completed Annual Statement and Renewal to:

Texas Department of Banking
ATTN: Special Audits Division
2601 North Lamar Blvd.
Austin, Texas 78705-4294
Facsimile Number: (512) 475-1288
Electronic Mail: pfcpecc@dob.texas.gov

Please call a Special Audits Representative at (512) 475-1283 or (512) 475-1285 with any questions concerning completion of this form.

You should maintain a copy of this completed form in your files for your next Departmental examination.

TEXAS DEPARTMENT OF BANKING
ANNUAL STATEMENT OF PERPETUAL CARE FUND
FOR YEAR ENDING DECEMBER 31, 2011
(Reference: Sections 712.041, Texas Health and Safety Code Annotated)

1. Name of Certificate Holder Corporation / Association / Organization: _____

2. Certificate of Authority Number: _____

3. Assumed or "Doing Business As" Name: _____

4. Current Corporation/Association/Organization Charter Number: _____ Date Filed: _____

Name and percentage of majority shareholder(s), (e.g., own 25% or more of outstanding stock)

5. Organization Officers: Name Date Appointed/Hired

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

6. Cemetery Domicile Address: _____

City, County, State, Zip: _____

7. Mailing Address: _____

City, County, State, Zip: _____

8. Telephone Number (include area code): _____

Fax Number (include area code): _____

9. Contact Person: _____

E-mail address: _____

10a. Book Value of Total Principal in Trust Listed on Page 4: \$ _____

10b. Statutorily Required Deposit in Transit as of December 31, 2011: \$ _____

10c. Total of 10a and 10b: \$ _____

11. Grand Total Required Perpetual Care Fund as Listed on Page 3: \$ _____

12. Subtract Line 11 from Line 10c, should be equal to the capital gain or loss position of the fund: \$ _____

13. Acreage of Cemetery, as filed with County Clerk:

Developed: _____ Undeveloped: _____ Total Acreage: _____

14. Cemetery Manager: _____

How many years of cemetery experience does the Cemetery Manager have? _____

ANNUAL STATEMENT OF REQUIRED PERPETUAL CARE FUND

<u>SQUARE FOOTAGE</u>	<u>Square Feet</u>	<u>Required Deposit Amount</u>
Disposed of prior to 7/1/63 _____		
Special Fee Collected: _____	plus \$.20 sq. ft.	\$ _____
Subsequent to Fund of \$100,000 plus \$.10 sq. ft.		
Disposed of from 7/1/63 thru 8/31/75 _____	@ \$.50 sq. ft.	\$ _____
Disposed of from 9/1/75 thru 8/31/83 _____	@ \$.75 sq. ft.	\$ _____
Disposed of from 9/1/83 thru 8/31/89 _____	@ \$1.00 sq. ft.	\$ _____
Disposed of from 9/1/89 to 8/31/03 _____	@ \$1.50 sq. ft.	\$ _____
Disposed of from 9/1/03 to present _____	@ \$1.75 sq. ft.	\$ _____
Disposed of 9/1/93 thru 8/31/03 and 10% of purchase price is greater than \$1.50 sq. ft.		
Sales Price \$ _____	Price x 10%	\$ _____
Second Rights of Interment \$ _____	Price x 10%	\$ _____
Disposed of since 9/1/03 and 15% of purchase price is greater than \$1.75 sq. ft.		
Sales Price \$ _____	Price x 15%	\$ _____
Second Rights of Interment \$ _____	Price x 15%	\$ _____
TOTAL SQUARE FOOTAGE _____		\$ _____ (+)(a)

<u>CRYPTS</u>	<u>Number of Crypts</u>	<u>Required Deposit Amount</u>
Disposed of prior to 7/1/63 _____	@ \$15.00 each	\$ _____
Disposed of from 7/1/63 thru 8/31/75 _____	@ \$40.00 each	\$ _____
Disposed of from 7/1/63 thru 8/31/75 _____	@ \$20.00 each	\$ _____
Disposed of from 9/1/75 thru 8/31/83 _____	@ \$50.00 each	\$ _____
Disposed of from 9/1/75 thru 8/31/83 _____	@ \$25.00 each	\$ _____
Disposed of from 9/1/83 thru 8/31/89 _____	@ \$70.00 each	\$ _____
Disposed of from 9/1/83 thru 8/31/89 _____	@ \$35.00 each	\$ _____
Disposed of from 9/1/89 thru 8/31/03 _____	@ \$90.00 each	\$ _____
Disposed of from 9/1/89 thru 8/31/03 _____	@ \$50.00 each	\$ _____
Disposed of from 9/1/03 to present _____	@ \$105.00 each	\$ _____
Disposed of from 9/1/03 to present _____	@ \$60.00 each	\$ _____
Disposed of 9/1/93 thru 8/31/03 and 5% of purchase price is greater than \$90.00 or \$50.00 each		
Sales Price \$ _____	Price x 5%	\$ _____
Disposed of since 9/1/03 and 7% of purchase price is greater than \$105.00 or \$60.00 each		
Sales Price \$ _____	Price x 7%	\$ _____
TOTAL CRYPTS _____		\$ _____ (+)(b)

ANNUAL STATEMENT OF REQUIRED PERPETUAL CARE FUND (cont'd.)

<u>NICHES</u>	<u>Number of Niches</u>	<u>Required Deposit Amount</u>
Disposed of prior to 7/1/63	_____ @ \$5.00 each	\$ _____
Disposed of from 7/1/63 thru 8/31/75	_____ @ \$10.00 each	\$ _____
Disposed of from 9/1/75 thru 8/31/83	_____ @ \$15.00 each	\$ _____
Disposed of from 9/1/83 thru 8/31/89	_____ @ \$20.00 each	\$ _____
Disposed of from 9/1/89 thru 8/31/03	_____ @ \$30.00 each	\$ _____
Disposed of from 9/1/03 to present	_____ @ \$35.00 each	\$ _____
Disposed of 9/1/93 thru 8/31/03 and 10% of purchase price is greater than \$30.00 each		
Sales Price \$ _____	_____ Price x 10%	\$ _____
Second Rights of Interment \$ _____	_____ Price x 10%	\$ _____
Disposed of since 9/1/03 and 15% of purchase price is greater than \$35.00 each		
Sales Price \$ _____	_____ Price x 15%	\$ _____
Second Rights of Interment \$ _____	_____ Price x 15%	\$ _____
TOTAL NICHES	_____	\$ _____ (+)(c)
Additional deposits for difference in P/C of exchanged property		\$ _____ (+)(d)
Initial Fund Deposit for Cemeteries Established After 9/1/93		\$ _____ (+)(e)
Contractual Excess		\$ _____ (+)(f)
TOTAL STATUTORY REQUIRED (a + b + c + d + e + f = g)		\$ _____ (=)(g)
Voluntary Excess		\$ _____ (+)(h)
GRAND TOTAL PERPETUAL CARE FUND (g + h = i)		\$ _____ (=)(i)

(Transfer to Page 1, Line 11)

**ANNUAL STATEMENT OF PERPETUAL CARE FUND TRUSTEE STATEMENT
(Reference: Sections 712.043, Texas Health and Safety Code Annotated)**

Name & Address of Financial Institution: _____

Name of Cemetery Certificate Holder: _____

**STATEMENT OF CONDITION OF PERPETUAL AND
IRREVOCABLE FUNDS IN TRUST AS OF DECEMBER 31, 2011**

<u>ASSETS</u>	<u>TAX COST</u>	<u>MARKET VALUE</u>
Cash	\$ _____	\$ _____
Money Market	\$ _____	\$ _____
U. S. Government Bonds	\$ _____	\$ _____
Municipal Obligations	\$ _____	\$ _____
Corporate Stocks	\$ _____	\$ _____
Building/Loan Investments	\$ _____	\$ _____
Real Estate Mortgages	\$ _____	\$ _____
Other Investments		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____
Principal in Trust (To Page 1, Line 10a)	\$ _____	
Undisbursed Income in Trust	\$ _____	<i>(this amount must tie to total income cash and income investment on 12/31/11 trust statement)</i>
TOTAL IN TRUST	\$ _____	

I hereby certify that the foregoing statement of condition of perpetual and irrevocable funds in trust is true and correct to the best of my knowledge and belief and has been prepared by a representative of my institution.

 Affiant (Officer of Depository)

 Title Phone

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2012.

(SEAL)

 Signature of Notary Public

TRUSTEE: Please call a Special Audits Representative at (512) 475-1283 or (512) 475-1285 with any questions concerning completion of this form.

QUESTIONNAIRE RELATING TO THE RENEWAL APPLICATION

Pursuant to Chapter 712.044(b), Texas Health and Safety Code Annotated requires a corporation that is examined under this section to make its books and records relating to its fund available for examination by the Banking Department.

This questionnaire will be made a part of your examination file and must be submitted with the Annual Statement of Perpetual Care Fund.

1. Has there been any addition or change to the cemetery’s developed interment property (e.g., gardens, mausoleums, etc.) since January 1, 2011? Yes No

If yes, please provide the information requested below regarding the filing of the plat and dedication of cemetery property with the County Clerk during 2011. This information is necessary to comply with the requirements of Section 711.034 of the Health and Safety Code Annotated. (Attach a separate sheet, if necessary)

DATE FILED	DOCUMENT NUMBER	LOCATION OF RECORD (I.E. VOLUME & PAGE NUMBER)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Is the certificate holder in good standing with the Comptroller of Public Accounts? Yes No

If no, please explain: _____

3. Have all violations (if any) from the last Departmental examination been corrected? Yes No

If no, please explain: _____

4. Have all written consumer complaints (if any) against your establishment been resolved? Yes No

If no, please explain: _____

5. Have all perpetual care deposits been made in accordance with the Code? Yes No

If no, please explain: _____

6. Is your fund currently invested with a trust company or a trust department of a financial institution in Texas? Yes No

If no, please explain: _____

7. Does the cemetery organization, or an affiliate organization of the cemetery, maintain a permit to sell preneed funeral merchandise and/or services as defined under Section 154.002 of the Texas Finance Code?

Yes No

If yes, provide the permit holder name and prepaid funeral permit number:

Name: _____ Permit Number: _____

8. Does the cemetery organization sell pre-need funeral merchandise and/or services as defined under Texas Finance Code Section 154.002 through a *non-affiliated*, third-party permit holder?

Yes No

If yes, provide the permit holder name(s) and prepaid funeral permit number(s) or attach a separate list:

Name: _____ Permit Number: _____

Name: _____ Permit Number: _____

9. Has 25 percent or more of the stock or other ownership or membership interest of the cemetery corporation / association / organization changed since January 1, 2011?

Yes No

If yes, was the Department notified in accordance with Section 711.0039 of the Health and Safety Code? Please explain the change of control: _____

10. Does the cemetery organization, or an affiliate through common ownership, sell markers, monuments, or memorials?

Yes No

If the cemetery sells markers through an affiliate, please provide the name, address, and telephone number of the affiliate in the space below. Attach a separate list if needed.

11. Does the cemetery organization sell burial markers, monuments, or memorials on a preneed basis, or have an outstanding preneed marker liability for which it has NOT paid the vendor?

Yes No

If yes, what is the outstanding liability amount associated with preneed markers and has it been identified on the organization's balance sheet? \$ _____ Yes No

12. Has there been any fraud detected involving any employee of the certificate holder's cemetery operations since January 1, 2011?

Yes No

If yes, explain: _____

13. Has the certificate holder been the subject of investigation or law enforcement actions by local, state, or federal law enforcement authorities since January 1, 2011? Yes No

If yes, please explain: _____

14. Does the cemetery organization own or control entities *outside* the state of Texas that are the current subject of investigation or law enforcement actions by local, state, or federal law enforcement authorities?

Yes No

If yes, has the certificate holder had its certificate/license suspended, revoked, or renewal refused by the licensing authority in any other state since January 1, 2011? Yes No

If yes, explain: _____

15. Has there been any litigation involving the certificate holder initiated since January 1, 2011? Yes No

If yes, explain: _____

ANNUAL STATEMENT AND RENEWAL APPLICATION

I sign the foregoing Annual Statement and Renewal Application as a principal officer of the certificate holder, having full authority to sign such Annual Statement and Renewal Application in said capacity. I affirm I have read the Annual Statement and Renewal Application and the attached exhibits, and all and information contained therein is true and correct and no material fact has been omitted. I affirm that the certificate holder is familiar with and will abide by the provisions of Chapters 711 and 712, Texas Health and Safety Code. I further affirm that per Section 712.041(b) of the Texas Health and Safety Code that the Annual Statement and Renewal Application has been reviewed and verified by a second principal officer.

By: _____
 Name of Corporation

 Signature of Officer

 Title

 Date