## PERPETUAL CARE TRUST REQUIREMENTS FOR NICHES
## FOR THE MONTH OF:

**Required for sales beginning 9/1/2003**

| Date Purchase Agreement Paid In Full | Conveyance Instrument Number | Purchaser's Name | Purchase Agreement Number | Purchase Agreement Date | NICHES | | | | | P.C. Due on 2nd Right of Interment | Additional P. C. Due on Exchanged Property | Contractually Required Excess P.C. | Voluntary Excess P.C. Deposit | Total P. C. Deposit |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | P.C paid at $35 per niche | | P.C. paid at 15% of Sales Price | | | | | | | |
| | | | | | Number Of Niches Sold | # Of Niches X $35.00 | # Niches Sold | Sales Price | Sales Price X 15% | | | | | |
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* Remember to Total Each Column, then monthly add the totals to the Yearly Perpetual Care Recap