

TEXAS DEPARTMENT OF BANKING
ANNUAL STATEMENT OF PERPETUAL CARE FUND
FOR YEAR ENDING DECEMBER 31, 2020
(Reference: Sections 712.041, Texas Health and Safety Code Annotated)

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

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)
Name _____ % Owned _____ Name _____ % Owned _____
Name _____ % Owned _____ Name _____ % Owned _____
5. Organization Officers:
President: _____ Date Appointed: _____
Vice President: _____ Date Appointed: _____
Secretary: _____ Date Appointed: _____
Treasurer: _____ Date Appointed: _____
6. Cemetery Domicile Address: _____
City: _____ County: _____ State: _____ Zip _____
7. Mailing Address: _____
City: _____ County: _____ State: _____ Zip _____
8. Telephone Number: _____ Fax Number: _____
9. Contact Person: _____ E-mail address: _____
- 10a. Book Value of Total **Principal** in Trust Listed on **Page 4**:
Do not include Trust Earnings \$ _____
- 10b. Statutorily Required Deposit in Transit as of December 31, 2020: \$ _____
- 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? _____
Cemetery Manager must have at least 2 years of cemetery management experience.

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 thru 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.)

NICHES	Number of Niches		Required Deposit Amount
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)
(To page 1, Line 11)			

QUESTIONNAIRE RELATING TO THE ANNUAL STATEMENT

The Department relies on the certificate holder's statements and all information contained in this Annual Statement of Funds (Annual Statement) to be true and correct with no material misrepresentation. A request for additional support may be made in response to this Annual Statement and during Departmental examinations.

1. Has there been any addition or change to the cemetery's developed interment property (e.g., gardens, mausoleums, etc.) since your most recent Annual Statement was filed? Yes ☐ No ☐

If yes, have you filed the plat and dedication of cemetery property with the County Clerk to comply with the requirements of Section 711.034 of the Health and Safety Code? Yes ☐ No ☐

2. Have all written consumer complaints (if any) against your establishment been resolved? Yes ☐ No ☐ N/A ☐

If no, explain: _____

3. Does the cemetery organization, or an *affiliate* organization of the cemetery, maintain or sell trust-funded or insurance-funded 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(s) and prepaid funeral permit number(s) or attach a separate list:

Name: _____ Permit Number _____

Name: _____ Permit Number _____

Name: _____ Permit Number _____

4. Has 25 percent or more of the stock or other ownership interest of the cemetery corporation /association /organization changed since the previous Annual Statement filing? Yes ☐ No ☐

If yes, was the Department notified in accordance with Section 712.0039 of the Health and Safety Code? Yes ☐ No ☐

Please explain the change of control: _____

5. Has the certificate holder experienced any defalcation or fraud since the previous Annual Statement filing? Yes ☐ No ☐

If yes, explain: _____

QUESTIONNAIRE (CONTINUED)

6. Has the certificate holder been subject to any regulatory actions by any agency (enforcement actions, consent orders, etc.) since the certificate holder's previous Annual Statement filing?

Yes ☐ No ☐

If yes, explain: _____

7. Has the certificate holder had any permit/license suspended, revoked, or renewal refused by any agency since the certificate holder's previous Annual Statement filing?

Yes ☐ No ☐

If yes, explain: _____

8. Has there been any litigation involving the certificate holder initiated since the certificate holder's previous Annual Statement filing?

Yes ☐ No ☐

If yes, explain: _____

9. Have there been any material changes to the certificate holder's business plan, products, services, or financial condition since the previous Annual Statement filing?

Yes ☐ No ☐

If yes, explain: _____

10. Does the cemetery organization or an affiliate of the cemetery organization own or operate a funeral home or maintain another certificate of authority to operate another perpetual care cemetery? Yes ☐ No ☐

If yes, provide the name(s) in the space below or attach a list of the entities.

11. Has the cemetery organization constructed or is it engaged in the pre-selling of any new mausoleum(s), ossuary(ies), and/or columbarium(ria) interment locations? Yes ☐ No ☐

For pre-selling of new mausoleum(s), has the cemetery organization complied with Section 712.061 of the Health and Safety Code, and established either a preconstruction trust or put a performance bond in place?

N/A ☐ Yes ☐ No ☐

12. Does the certificate holder have legal ownership to the cemetery property?

Yes ☐ No ☐

If no, explain: _____

ANNUAL STATEMENT ACKNOWLEDGEMENT

I sign the foregoing Annual Statement as a principal officer of the certificate holder, having full authority to sign such Annual Statement in said capacity. I affirm I have read the Annual Statement and the attached exhibits, and all 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 has been reviewed and verified by a second principal officer.

By: _____
Name of Certificate Holder

Signature of Officer

Officer Name and Title

Date