

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

Name and Address of Financial Institution: _____

Name of Cemetery Certificate Holder: _____

**STATEMENT OF CONDITION OF PERPETUAL AND
 IRREVOCABLE FUNDS IN TRUST AS OF DECEMBER 31, 2020**

<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	\$ _____	\$ _____

Asset Breakdown

Principal in Trust (To Page 1, Line 10a) \$ _____

Undisbursed Income in Trust \$ _____ (this amount must tie to total income cash and income investment on 12/31/20 trust statement)

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.

Officer of Depository Signature _____

Printed Name and Title _____

Date _____

TRUSTEE: Please call a Non-Depository Supervision Representative at (512) 475-1287 or (512) 475-1285 with any questions concerning the completion of this form.