



STATE OF ILLINOIS
COMPTROLLER

LESLIE GEISSLER MUNGER

P.L.A.C.E. Division
PO Box 20790
Springfield, Illinois 62708
PHONE: 312/814-2451; FAX: 312/814-3464

Care Application Packet
Pursuant to the Illinois Cemetery Care Act (760 ILCS 100/1 et seq.)
Checklist

This checklist reflects required documents to be submitted in order to complete the filing of an application. If the application packet cannot be fully completed, please list in writing what documents are missing and what steps have been taken to obtain the missing information.

1. Registration Statement (SCO 680).
2. \$5 non-refundable registration fee.
3. Application for License (SCO-681).
4. \$25 non-refundable application fee.
5. Questionnaire(s) (SCO-681) required of the applicant, if an individual; of every member, if a partnership or association; and of every officer or director or any party owning 10% or more of the cemetery authority if a corporation.
6. Release Form(s) (SCO-701) with each Questionnaire.
7. Statement of Assets and Liabilities (SCO-683).
8. Illinois Cemetery Care Act Bond (C-04) or Letter of Credit which shall run to the Comptroller.
9. Copy of Trust Agreement, if applicable.
10. Copy of Articles of Incorporation (or) articles of organization (or) a copy of a recent domestic corporation annual report (or) a copy of the application to adopt an assumed corporate name, issued by the office of the Secretary of State, where applicable.
11. Copy of certificate of registration from the Illinois Department of Revenue, if applicable.

If there are any questions with regard to the above or if additional help is needed while working on the application process, please contact Mary A. Formeller, Public Service Administrator at (312) 814-8460.



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**APPLICATION FOR LICENSE
 Illinois Cemetery Care Act
 (760 ILCS 100/1 et seq.)**

Application is hereby made by the undersigned cemetery for a license to accept care funds, as defined in the Illinois Cemetery Care Act (760 ILCS 100/1 et seq.).

Please type or print legibly

1. Name of Applicant _____ Fiscal Year End ____/____/____
 Month Day

Business/Operating Name of Cemetery _____

Federal Employer Identification Number ____-____ State of IL Tax Identification Number ____-____

Location Address* _____
 Street & Number City State County Zip Code

Location Contact Person _____ Telephone Number (____) _____
 Full Name & Title

Fax Number (____) _____ Email Address _____

Cemetery Legal Boundaries _____

Mailing Address _____
 (If different than location) Street & Number City State County Zip Code

Type of Ownership (check one)
 ____ Individual ____ Partnership ____ Corporation ____ Association ____ Other (specify) _____

Date of Incorporation (if applicable) ____/____/____ State of Incorporation _____

Name of Registered Agent _____ Address _____
 Street & Number City State County Zip Code

Name of Parent Company _____ Contact Person _____
 Full Name & Title

Parent Company Address _____
 Street & Number City State County Zip Code

Telephone Number (____) _____ Fax Number (____) _____

***The licensee shall keep the books, accounts, and records at the location identified in the license issued by the Comptroller or as otherwise agreed by the Comptroller in writing. The books, accounts, and records shall be accessible for review upon demand of the Comptroller. (760 ILCS 100/13)**

In accordance with Section 9 of the Act, this application shall enable a cemetery authority to apply for license of multiple cemetery locations. If applying for more than one cemetery license under this application, complete the applicable information requested above for each separate location in the spaces provided on the next page. If additional space is required, please copy page 2 as necessary. If some of the information requested on page 2 is the same as supplied above, you may enter "same" in that space and the information from page 1 will be used (i.e. name of parent company, contact person, parent company address, etc.).

If you are applying for a single license, disregard page 2 in its' entirety and indicate same by marking "N/A".

APPLICATION FOR LICENSE

2. Applicant will conduct business(es) under the license herein applied for at the following cemetery locations

Name of Applicant _____ Fiscal Year End ____/____/____
Month Day

Business/Operating Name of Cemetery _____

Federal Employer Identification Number ____-____ State of IL Tax Identification Number ____-____

Location Address* _____
Street & Number City State County Zip Code

Location Contact Person _____ Telephone Number (____) _____
Full Name & Title

Fax Number (____) _____ Cemetery Legal Boundaries _____

*Books, accounts and records must be available for inspection at this location (see page 1 of this application)

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

Type of Ownership (check one)
____ Individual ____ Partnership ____ Corporation ____ Association ____ Other (specify) _____

Date of Incorporation (if applicable) ____/____/____ State of Incorporation _____

Name of Registered Agent _____ Address _____
Street & Number City State County Zip Code

Name of Parent Company _____ Contact Person _____
Full Name & Title

Parent Company Address _____
Street & Number City State County Zip Code

Telephone Number (____) _____ Fax Number (____) _____

Name of Applicant _____ Fiscal Year End ____/____/____
Month Day

Business/Operating Name of Cemetery _____

Federal Employer Identification Number ____-____ State of IL Tax Identification Number ____-____

Location Address* _____
Street & Number City State County Zip Code

Location Contact Person _____ Telephone Number (____) _____
Full Name & Title

Fax Number (____) _____ Cemetery Legal Boundaries _____

*Books, accounts and records must be available for inspection at this location (see page 1 of this application)

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

Type of Ownership (check one)
____ Individual ____ Partnership ____ Corporation ____ Association ____ Other (specify) _____

Date of Incorporation (if applicable) ____/____/____ State of Incorporation _____

Name of Registered Agent _____ Address _____
Street & Number City State County Zip Code

Name of Parent Company _____ Contact Person _____
Full Name & Title

Parent Company Address _____
Street & Number City State County Zip Code

Telephone Number (____) _____ Fax Number (____) _____

APPLICATION FOR LICENSE

3. Name and address of all subsidiary and/or affiliated companies (use additional sheets if necessary)

Name	Street & Number	City	State	County	Zip Code
------	-----------------	------	-------	--------	----------

Name	Street & Number	City	State	County	Zip Code
------	-----------------	------	-------	--------	----------

Name	Street & Number	City	State	County	Zip Code
------	-----------------	------	-------	--------	----------

4. Full name and address (both residence and business) of the applicant, if an individual; of every member, if a partnership or association; of every officer or director, if a corporation **and** of any party owning 10% or more of the cemetery authority (use additional sheets if necessary)

Name _____ Title _____ % of Ownership _____

Home Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Business Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Name _____ Title _____ % of Ownership _____

Home Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Business Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Name _____ Title _____ % of Ownership _____

Home Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Business Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Name _____ Title _____ % of Ownership _____

Home Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Business Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Name _____ Title _____ % of Ownership _____

Home Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Business Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Name _____ Title _____ % of Ownership _____

Home Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

Business Address _____

Street & Number	City	State	County	Zip Code	Telephone Number
-----------------	------	-------	--------	----------	------------------

APPLICATION FOR LICENSE

5. Name of Depository Bank _____ Bank Contact Person _____

Business Address _____
Street & Number City State County Zip Code Telephone Number

6. Name of Independent Trustee/Corporate Fiduciary _____ Contact _____

Business Address _____
Street & Number City State County Zip Code Telephone Number

7. Have you included evidence (e.g. bank statement) of the minimum care fund deposit required by the Illinois Cemetery Care Act (760 ILCS 100/9(c)) as follows:

If the number of inhabitants, either in the county in which the cemetery is to be located or in the area included within a 10 mile radius of the cemetery if the number of inhabitants therein is greater, is 25,000 or less, the deposit shall be \$7,500; if the number of inhabitants is 25,001 to 50,000, the deposit shall be \$10,000; if the number of inhabitants is 50,001 to 125,000, the deposit shall be \$15,000; if the number of inhabitants is over 125,000, the deposit shall be \$25,000.

____ Yes ____ No If no, explain _____

Your application must include the following:

1. A separate Questionnaire for each person listed under number 4.
2. A sworn Statement of Assets and Liabilities of the applicant.
3. A fidelity bond or irrevocable, unconditional letter of credit based on the total amount of care funds in trust and now on hand as required under the Illinois Cemetery Care Act (760 ILCS 100/9(c)).
4. **Application fee in the form of a check, draft or money order in the sum of \$25 for each location seeking licensure under this application. The check should be made payable to "Comptroller, State of Illinois"**.
5. Release Form authorizing Illinois State Police to process background checks.



**STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER**

**ILLINOIS CEMETERY CARE ACT BOND
(760 ILCS 100/1 et seq.)**

Please type or print legibly

Bond Number _____

_____ of the City of _____,
Name of Cemetery

County of _____, State of Illinois, as principal, and _____
(Name of Bonding/Insurance Company)

authorized to do business in the State of Illinois, are held and firmly bound unto the Comptroller of the State of Illinois for the benefit of the Care Funds held by such Cemetery, or by the Trustee of the Care Funds of such Cemetery, for any direct loss sustained in the said Care Funds through the failure to administer properly, occasioned by an act or acts of theft, embezzlement, repudiation or otherwise, as required under the provisions of the Act hereinafter described, in the penal sum of \$_____ for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The Condition of the Foregoing Obligation is such that, whereas, the said principal has applied for a license to accept care funds for the care of its cemetery, or for the care of any lot, grave, crypt or niche in its cemetery or for the special care of any lot, grave, crypt or niche or of any family mausoleum or memorial, marker or monument in its cemetery, in accordance with the provisions of the Illinois Cemetery Care Act (760 ILCS 100/1 et seq.)

If the principal shall, upon the issuance of the license to the aforesaid, perform all the duties as trustee required under said act during the period for which the said license is in effect, then this obligation shall be void; otherwise it shall remain in effect.

It is further expressly provided that suit may be brought in any Court of competent jurisdiction upon this bond in the name of the Comptroller of the State of Illinois.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Comptroller of the State of Illinois a sixty (60) day written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of said sixty (60) day period.

In Witness Whereof, we have duly executed the foregoing obligation this ____ day of _____, _____,

to be effective on the ____ day of _____, _____.

Principal

Bonding/Insurance Company

By _____
Name Title

By _____
Name Title

Street & Number City State Zip Code

Street & Number City State Zip Code



**STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER**

**QUESTIONNAIRE
Illinois Cemetery Care Act
(760 ILCS 100/1 et seq.)**

Required of Each Applicant, Member, Officer or Director and of any party owning 10% or more of the Cemetery or Funeral Home (make additional copies if necessary)

Please type or print legibly

Application of _____
Name of Cemetery or Funeral Home

1. Your Name Mr. Ms. Mrs. _____
(Circle one) First Name Middle Name Last Name

2. Date of Birth _____ Place of Birth _____
Month/Day/Year City State County

3. Social Security Number _____ / _____ / _____

4. Race _____

5. Driver's License Number _____ State of Issue _____

6. Business Address _____
Street City State County Zip Code
Business Telephone (include area code) _____

7. Home Address _____
Street City State County Zip Code
Home Telephone (include area code) _____

8. Occupation or Profession _____

9. Provide employment history for the past ten (10) years

From: Day/Month/Yr.	To: Day/Month/Yr.	Name & Address of Employer	Position/Title	Reason for Leaving

10. Approximately how much time do or will you devote to the cemetery or funeral home applying for a license?

QUESTIONNAIRE

11. List any present and previous connection, if any, with any other cemetery or funeral home?

Name of Cemetery/Funeral Home Street & Number City State County Zip Code Telephone Number

Name of Cemetery/Funeral Home Street & Number City State County Zip Code Telephone Number

12. If any such cemetery or funeral home discontinued business, give reasons for such discontinuance.

13. Have you ever been convicted of any crime, except minor traffic offenses? ____ No ____ Yes If yes, provide

Name and Address of Court _____

Case Name and Number _____

Charge or Crime upon which conviction was entered _____

Date of Conviction _____ Sentence Imposed _____

14. Have you ever been or are you currently involved in any civil litigation in which a judgment or decree based on fraud has been rendered against you? ____ No ____ Yes If yes, explain _____

15. Have you ever failed to satisfy an enforceable judgement or decree rendered against you in any civil proceedings by a court of competent jurisdiction? ____ No ____ Yes If yes, explain _____

16. Have you ever been a defendant in any civil action, other than domestic matters? ____ No ____ Yes If yes, provide, Name and Address of Court _____

Case Name and Number _____

Nature of Case _____

Final Disposition _____

17. Have you ever filed for bankruptcy? ____ No ____ Yes If yes, provide

Name and Address of Court _____

Date of Insolvency _____

18. Have you ever had a license involving any cemetery or funeral home revoked, suspended or denied in Illinois or any other state? ____ No ____ Yes If yes, explain _____

19. Have you ever been the subject of any type or form of disciplinary action regarding a professional or business license? ____ No ____ Yes If yes, explain _____

20. Pursuant to the Illinois Administrative Procedure Act (5 ILCS 100/10-65(c)) complete the following:

I, _____, certify under penalty of perjury that I am not more than 30 days delinquent in complying with any child support order. I understand that making a false statement may subject me to contempt of court.



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REGISTRATION STATEMENT
Illinois Cemetery Care Act
(760 ILCS 100/1 et seq.)

Every cemetery authority shall register with the Office of the Comptroller on forms furnished by the Office.

Definitions to be used by the Registrant in making this Registration Statement:

Family Burying Ground: A cemetery in which no lots are sold to the public and in which interments are restricted to a group of persons related to each other by blood or marriage.

Fraternal Cemetery: A cemetery owned, operated, controlled or managed by any fraternal organization or auxiliary organizations thereof, in which the sale of lots, graves, crypts or niches is restricted principally to its members.

Municipal Cemetery: A cemetery owned, operated, controlled or managed by any city, village, incorporated town, township, county or other municipal corporation, political subdivision or instrumentality thereof, authorized by law to own, operate or manage a cemetery.

State or Federal Cemetery: A cemetery owned, operated, controlled or managed by any state or the federal government or any political subdivision or instrumentality thereof.

Religious Cemetery: A cemetery owned, operated, controlled or managed by any recognized church, religious society, association or denomination, or by any cemetery authority or any corporation administering, or through which is administered, the temporalities of any recognized church, religious society, association or denomination.

Privately Operated Cemetery: Any entity that offers interment rights, entombment rights or inurnment rights, other than a Fraternal, Municipal, State, Federal or Religious cemetery or a family burying ground.

Cemetery Authority: Any person, firm, corporation, trustee, partnership, association or municipality owning, operating, controlling or managing a cemetery or holding lands for burial grounds or burial purposes in this State.

Care: The maintenance of a cemetery and of the lots, graves, crypts, niches, family mausoleums, memorials, and markers therein; including: (i) the cutting and trimming of lawn, shrubs and trees at reasonable intervals; (ii) keeping in repair the drains, water lines, roads, buildings, fences and other structures in keeping with a well maintained cemetery; (iii) maintenance of machinery, tools and equipment for such care; (iv) compensation of employees, payment of insurance premiums and reasonable payments for employees pension and other benefit plans; and (v) to the extent surplus income from the care funds is available, the payment of overhead expenses necessary for such purposes and for maintaining necessary records of lot ownership, transfers and burials.

Care Funds: Any realty or personalty impressed with a trust by the terms of any gift, grant, contribution, payment, legacy or pursuant to contract, accepted by any cemetery authority owning, operating, controlling or managing a privately operated cemetery, or by any trustee or licensee, agent or custodian for the same, under Section 3 of this Act, and the amounts set aside under Section 4 of this Act, and any income accumulated therefrom, where legally so directed by the terms of the transaction by which the principal was established (as distinguished from receipts from annual charges or gifts for current or annual care).

REGISTRATION STATEMENT – Please type or print legibly

1. Name of Cemetery _____
2. Cemetery Location Address _____

	Street & Number	City	County	Zip Code
--	-----------------	------	--------	----------
3. Name of Owner/Contact _____
4. Business Address of Owner/Contact _____

	Street & Number	City	County	Zip Code
--	-----------------	------	--------	----------
5. Mailing Address _____
 (If different than location) Street & Number City County Zip Code
6. Type of Cemetery (check one)

A. _____ Family Burying Ground	F. _____ Privately Operated Cemetery that does not accept care funds.
B. _____ Fraternal Cemetery	G. _____ Privately Operated Cemetery that accepts care funds. If you check this, you must also apply for a license under the Cemetery Care Act.
C. _____ Municipal Cemetery	
D. _____ State/Federal Cemetery	
E. _____ Religious Cemetery	

Family Burying Ground, Fraternal, Municipal, State, Federal, Religious in addition to Privately Operated cemeteries that do **not** accept care funds, are eligible to apply for an exemption from the licensing provisions of the Cemetery Care Act. ***If exemption from the licensing provisions of the Act is claimed then you must submit: a copy of the Charter and By-Laws certified by the Corporate Secretary; a copy of the Partnership Agreement, Affidavits; a copy of the Articles of Association, references to statutes or ordinances; a copy of a deed or other documents or other information indicating the Cemetery to be the type of Cemetery eligible for exemption.*** The Office of the Comptroller will advise you of its decision on your application for exempt status.

If no exemption is claimed, then a license must be obtained from the Office of the Comptroller.

7. Type of Ownership (check one)

Individual _____	Fraternity _____	County _____
Partnership _____	Township _____	State _____
Corporation _____	Village _____	Federal _____
Association _____	Municipality _____	Other _____
8. Full name and address (both residence and business) of the applicant, if an individual; of every member, if a partnership or association; of every officer or director, if a corporation **and** of any party owning 10% or more of the cemetery authority (use additional sheets if necessary)

Name _____	Title _____			
Residence Address _____				
	Street & Number	City	County	Zip Code
Business Address _____				
	Street & Number	City	County	Zip Code
Telephone (____) _____	Fax, if applicable (____) _____			
Name _____	Title _____			
Residence Address _____				
	Street & Number	City	County	Zip Code
Business Address _____				
	Street & Number	City	County	Zip Code
Telephone (____) _____	Fax, if applicable (____) _____			
Name _____	Title _____			
Residence Address _____				
	Street & Number	City	County	Zip Code
Business Address _____				
	Street & Number	City	County	Zip Code
Telephone (____) _____	Fax, if applicable (____) _____			

REGISTRATION STATEMENT

Name _____ Title _____

Residence Address _____

Street & Number City County Zip Code

Business Address _____

Street & Number City County Zip Code

Telephone (____) _____ Fax, if applicable (____) _____

Name _____ Title _____

Residence Address _____

Street & Number City County Zip Code

Business Address _____

Street & Number City County Zip Code

Telephone (____) _____ Fax, if applicable (____) _____

Name _____ Title _____

Residence Address _____

Street & Number City County Zip Code

Business Address _____

Street & Number City County Zip Code

Telephone (____) _____ Fax, if applicable (____) _____

9. Date of Incorporation, if applicable _____

If incorporated, was it under a general act of legislation _____ or, a private act of legislation _____

Enclose the registration fee in the form of a check, draft or money order in the sum of five dollars (\$5.00) for each cemetery authority. The check should be made payable to: "Comptroller, State of Illinois."

State of Illinois
County of _____

I, _____, do solemnly swear that the foregoing answers and statements have been knowingly made by me and the same are true. Given under my hand this _____ day of _____, _____.

Name of Registrant Signature Title

Subscribed and sworn to before me in _____ County, in the State of Illinois by the said _____ who personally appeared before me in the aforesaid County and State, this _____ day of _____, _____.

Notary Seal

Notary Public My commission expires



STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER

APPLICATION
STATEMENT OF ASSETS & LIABILITIES
QUESTIONNAIRE
&
RELEASE FORM
NOTARY BLOCK
Illinois Cemetery Care Act
(760 ILCS 100/1 *et seq.*)

(Make additional copies if necessary)

Please type or print legibly

I certify that the information I have provided pursuant to the license application process is complete, accurate and true. I understand that any false or misleading information given in my application will be grounds for denial of my application.

I also authorize any and all law enforcement agencies, including but not limited to the Illinois State Police, to process a criminal background check. I further authorize such law enforcement agencies to release any information pertaining to me to the Comptroller's Office.

Signature _____ Date _____

State of Illinois
County of _____

I, _____, do solemnly swear that the foregoing answers and statements have been knowingly made by me and the same are true. Given under my hand this _____ day of _____, _____.

Signature _____ Title _____

Subscribed and sworn to before me in
_____ County, in the State of Illinois
by the said _____ who
personally appeared before me in the aforesaid
County and State, this _____ day of
_____, _____.

Notary Seal

Notary Public My commission expires _____



**STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER**

**STATEMENT OF ASSETS AND LIABILITIES
Illinois Cemetery Care Act
(760 ILCS 100/1 et seq.)**

Please type or print legibly

Full Name of Applicant _____ at close of business _____ / _____ / _____
Month Day Year

ASSETS

Trust Fund Assets

- 1. Cash Advances \$ _____
- 2. Cash on Hand _____
- 3. Other Resources _____
- 4. Expense _____
- 5. TOTAL TRUST FUNDS (Lines 1 to 4) \$ _____

Cemetery Authority Assets (as per General Ledger)

- 6. Cash on Hand and in Banks \$ _____
- 7. Accounts Receivable _____
- 8. Notes Receivable _____
- 9. Stocks and Bonds _____
- 10. Mortgages _____
- 11. Investments _____
- 12. Capital Assets:
 - (a) Land _____
 - (b) Depreciable Assets \$ _____
 - Less: Reserve for Depreciation _____
- 13. Prepaid Expenses _____
- 14. Other Assets _____
- 15. TOTAL CEMETERY AUTHORITY ASSETS (Lines 6 to 14) _____
- 16. TOTAL TRUST FUNDS AND CEMETERY AUTHORITY ASSETS (Lines 5 and 15) \$ _____

LIABILITIES

Trust Liabilities

- 17. Real Estate in Trust \$ _____
- 18. Personal Property and Cash in Trust _____
- 19. Earnings _____
- 20. Accounts Payable _____
- 21. TOTAL TRUST LIABILITIES (Line 17 to 20) \$ _____

Cemetery Authority Liabilities (as per General Ledger)

- 22. Accounts Payable \$ _____
- 23. Notes Payable _____
- 24. Mortgages Payable _____
- 25. Accrued Expenses
 - (a) Real Estate and Other Taxes \$ _____
 - (b) Interest _____
 - (c) Withholding Tax _____
 - (d) Social Security Tax _____
 - (e) Unemployment Compensation _____
- 26. Other Liabilities _____
- 27. TOTAL CEMETERY AUTHORITY LIABILITIES (Lines 22 to 26) \$ _____

STATEMENT OF ASSETS AND LIABILITIES

Capital and Surplus

28.	Capital Stock (or Individual, or Partnership Capital)		\$ _____
29.	Add: Capital Additions (Individual or Partnership)	_____	
30.	Deduct: Capital Withdrawals (Individual or Partnership)	_____	
31.	Net Capital, as of ____/____/____		\$ _____
32.	Paid-in or Capital Surplus		_____
33.	Earned Surplus and Undivided Profits		_____
34.	TOTAL CEMETERY AUTHORITY LIABILITIES AND CAPITAL AND SURPLUS (Lines 27 to 33)		\$ _____
35.	TOTAL TRUST AND CEMETERY AUTHORITY LIABILITIES, CAPITAL AND SURPLUS (Lines 21 and 34)		\$ _____