

# ANNUAL REGISTRATION STATEMENT - ENDOWMENT CARE CEMETERY ACT

Idaho Department of Finance  
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1. Name of cemetery authority \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_
4. Date of organization \_\_\_\_\_
5. Location of books and records \_\_\_\_\_
6. Board of directors \_\_\_\_\_  
 \_\_\_\_\_
7. Trustee \_\_\_\_\_
8. Location of trust funds \_\_\_\_\_
9. Market value of the care funds held by the trustee of said cemetery authority at beginning of year or fiscal period  
 Date: \_\_\_\_\_ \$ \_\_\_\_\_

**ADDITIONS TO SAID FUNDS DURING the calendar year or fiscal year from the following sources:**

a) Under and by virtue of the sale of lots, graves, crypts, or niches	\$ _____
b) Under and by virtue of any gift, grant devise, bequest, payment or other contributions	\$ _____
c) Income received from such funds during the preceding calendar or fiscal year	\$ _____
d) Gain or loss for period	\$ _____
LESS COST of administering fund	\$< _____ >
LESS FUNDS used solely for the general care, maintenance, etc.	\$< _____ >
<b>TOTAL MARKET VALUE of the care funds held by the trustee</b>	<b>\$ _____</b>

10. The securities in which such care funds are invested (attach separate detailed listing, showing actual cost) \$ \_\_\_\_\_
11. Detail of the proceeds added to the TRUST FUND during calendar or fiscal year.
 

a) Number (_____) of adult ground burial spaces sold	\$ _____
b) Number (_____) of infant burial spaces sold	\$ _____
c) Number (_____) of niches sold	\$ _____
d) Number (_____) of crypts sold	\$ _____
e) LESS FUNDS received during the past 30 days but not yet deposited to said trust fund	\$< _____ >
Transfer TOTAL to 9a	<b>\$ _____</b>

Annual Registration Statement  
Endowment Care Cemetery Act

STATE OF IDAHO        )  
                                  ) ss.  
County of \_\_\_\_\_)

BEFORE ME, the undersigned authority of this day personally appeared \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_ known to me to be the President and  
Secretary, respectively, (or two of the responsible officers) of (name of cemetery)  
\_\_\_\_\_ and being by me duly sworn on oath did depose and say, each for himself (or herself) that each of the  
affiants has read the above and foregoing report of status of Care Funds of said Cemetery, that each knows the contents  
thereof, and that the facts set forth therein are known by each of said affiants to be in all things true and correct.

\_\_\_\_\_  
(Affiant) President

\_\_\_\_\_  
(Affiant) Secretary

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certify which witness my hand  
and seal of office.

\_\_\_\_\_  
Notary Public:  
Residing at:  
My Commission expires: