

**North Carolina Cemetery Commission**  
**ANNUAL REPORT FOR YEAR 2019**

(Submit by March 15, 2020 to avoid penalty)

**CEMETERY INFORMATION & CONTACTS**

**A. CEMETERY**

NCCC License #: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Corporate Name (If applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cemetery Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person (Cemetery): \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person (Cemetery) Email: \_\_\_\_\_

Contact Person (Corporate Office): \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person (Corporate Office) Email: \_\_\_\_\_

Cemetery Records Address: \_\_\_\_\_

*(If different from Physical Address)*

**B. OWNERS** (include ownership percentage) %

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

**= 100 %**

**C. OFFICERS** (if Corporation or LLC)

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

**D. CEMETERY ACREAGE**

Total Acreage of cemetery \_\_\_\_\_

Has any acreage been carved out or sold to others in the last ten years?  Yes  No

*If yes, attach details.*

Are there any liens or encumbrances on the cemetery acreage?  Yes  No

**I HEREBY CERTIFY THAT THIS REPORT IS CORRECT. ALSO, IN ACCORDANCE WITH NC GS 65-69, I UNDERSTAND THAT CEMETERIES MAY NOT SELL, ENCUMBER, TRANSFER OR DISPOSE OF ANY CEMETERY LAND. UNDEVELOPED LAND MAY NOT BE SOLD THAT RESULTS IN THE CEMETERY HAVING LESS THAN 30 ACRES. I UNDERSTAND THAT ANY TRANSACTION IN VIOLATION OF NC GS 65-69 IS VOID. NOT VOIDABLE, VOID.**

*(Must be signed by an Officer or Owner.)*

\_\_\_\_\_  
OFFICE/OWNER SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

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**CARE AND MAINTENANCE REPORT FOR 2019**

**A. TRUSTEE INFORMATION**

Bank or Trust Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Trust Officer: \_\_\_\_\_

**B. TRUST BALANCES PERPETUAL CARE**

Trust Fund(s) is/are using the Unitrust Method

\*Corpus Balance as of 01/01/2019  
(\*Corpus = deposits since inception)

2019 Deposits made by cemetery with Trustee

Corpus Balance as of 12/31/2019

12/31/2019 Fair Market Balance

	<b>Perpetual Care Fund</b>	<b>PC "A" Fund</b>
	_____	_____
+	_____	_____
=	=====	=====
	=====	=====
<b>***In accordance with NC 65-61, no distribution is permitted that results in the FMV total less than corpus</b>		
2019 Income (Earnings) for the year	_____	_____
2019 Distributions for the year	_____	_____

**C. DEEDS AND INTERMENTS**

- Number of "New" Grave Spaces DEEDED in 2019 \_\_\_\_\_

- Number of Grave Spaces TRANSFERRED in 2019 \_\_\_\_\_

- Number of Grave Spaces on which PC was Paid but Not DEEDED (48-Month Rule) \_\_\_\_\_

**Number of Interments in 2019** \_\_\_\_\_

**D. CARE AND MAINTENANCE**

Amount Spent for Cemetery Care and Maintenance in 2019 \_\_\_\_\_

Attach a copy of Trustee's Report for the year 2019. (Exhibit A)

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**PRENEED MERCHANDISE AND SERVICES REPORT FOR 2019**

CEMETERY IS:  PRENEED  AT NEED (Cemetery has zero pre-need liability)

**A. PRENEED ITEMS SOLD DURING REPORT YEAR**

	Actual Number Sold	Delivery Policy (select all that apply)		
		Immediate Order	Trust	Bond
Vaults	_____	_____	_____	_____
Markers/Memorials	_____	_____	_____	_____
Opening & Closings	_____	_____	_____	_____
Preconstruction Mausoleum Crypts or Lawn Crypts	_____	_____	_____	_____
Constructed Lawn Crypts	_____	_____	_____	_____

**B. PRENEED ITEMS STORED**

STORED ON-SITE:  NO PRENEED ITEMS STORED ON-SITE

**Vaults Stored On-Site:**

Type	Concrete	Concrete Lined	Vantage Standard	Vantage Ultima	Other: (specify type)	Other: (specify type)	Other: (specify type)	Other: (specify type)
# stored								

**Memorials Stored On-Site:**

Total Number of Memorials Stored: \_\_\_\_\_

Number of Vases Required: \_\_\_\_\_

Number of Granite Bases Required: \_\_\_\_\_

I attest that the cemetery stores sufficient vases and memorial bases for all memorials stored on site and /or has trusted or bonded sufficient funds listed by individual contract for that purpose. I understand that the cemetery is subject to fines if a deficiency is found to exist.

\_\_\_\_\_  
Owner Signature

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**B. PRENEED ITEMS STORED (Continued)**

STORED OFF-SITE:  NO PRENEED ITEMS STORED OFF-SITE

**Vaults Stored Off-Site:**

Manufacturer or Stored Location	Concrete	Concrete Lined	Poly Standard	Poly Ultima	Other: (specify type)	Other: (specify type)	Other: (specify type)	Other: (specify type)
/ / / / / / / / / /	# stored							

**Memorials Stored Off-Site:** \_\_\_\_\_

Manufacturer Name or Stored Location: \_\_\_\_\_

Total Number of Memorials Stored: \_\_\_\_\_

Number of Vases Required: \_\_\_\_\_

Number of Granite Bases Required: \_\_\_\_\_

I attest that the cemetery stores sufficient vases and granite bases for all memorials stored off-site either at the vendor and/or on-site at the cemetery and/or has trusted or bonded sufficient funds listed by individual contract for that purpose. I understand that the cemetery is subject to fines if a deficiency is found to exist.

\_\_\_\_\_  
Owner Signature

**Attach independent accountant reports for all stored items. (Exhibits C and D)**

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**PRENEED MERCHANDISE AND SERVICES REPORT FOR 2019**

**THIS CEMETERY HAS NO PRE-NEED MERCHANDISE OR SERVICES LIABILITY** \_\_\_\_\_  
Initial here, Sign bottom

**A. TRUSTEE INFORMATION**

Bank or Trust Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Trust Officer: \_\_\_\_\_

**B. TRUST ACCOUNT INFO**

**THIS CEMETERY HAS NO MERCHANDISE/SERVICES TRUST ACCOUNTS** \_\_\_\_\_  
Initial here, Sign bottom

*Complete one column for each account maintained*

**Type of Account:**

\_\_\_\_\_  
*(Merchandise, Vault, Opening & Closing, Preconstruction, etc.)*  
*Enter custom entry if desired option not listed in drop-down.*

Ending Balance 12/31/2018	_____	_____	_____
Amount Deposited with Trustee in 2019	_____	_____	_____
Funds Earnings for 2019	_____	_____	_____
Authorized Servicing Withdrawals for 2019	_____	_____	_____
Ending Balance for 2019 (Attach Exhibit B)	_____	_____	_____
Deposits in Transit at Year-end	_____	_____	_____
Amount of Merchandise Liability as of 12/31/2019 (Attach Exhibit E) <i>(Attach full and complete list)</i>	_____	_____	_____
Excess Trust Funds (Deficit)	_____	_____	_____

**\*Attach a copy of Trustee's Report for 2019.**

**\*A full and complete list of all merchandise and service liabilities as of 12/31/2019 is required to be attached.**

**C. ACTIVE BONDS** *(Complete separate section for each bond)*

**THIS CEMETERY HAS NO ACTIVE BONDS** \_\_\_\_\_  
Initial here, Sign bottom

**Active Bond Type**  
*(Merchandise, Vault, O&C, etc.)*

Name of Insurance Company \_\_\_\_\_

Amount of Bond \_\_\_\_\_

Amount of Liabilities charged to Bond  
as of 12/31/2019 *(Attach full and complete list)* \_\_\_\_\_ (Attach Exhibit F)

Bond Excess (Deficit) \_\_\_\_\_

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**Active Bond Type**

*(Merchandise, Vault, O&C, etc.)*

Name of Insurance Company \_\_\_\_\_

Amount of Bond \_\_\_\_\_

Amount of Liabilities charged to Bond  
as of 12/31/2019 *(Attach full and complete list)*

\_\_\_\_\_  
*(Attach Exhibit F)*

Bond Excess (Deficit) \_\_\_\_\_

**D. CANCELLED BONDS** *(Complete separate section for each bond)*

**THIS CEMETERY HAS NO CANCELED BONDS**

\_\_\_\_\_  
Initial here, Sign bottom

**Cancelled Bond Type**

*(Merchandise, Vault, O&C, etc.)*

Name of Insurance Company \_\_\_\_\_

Cancellation Date \_\_\_\_\_

Amount of Bond \_\_\_\_\_

Amount of Liabilities charged to Bond  
as of 12/31/2019 *(Attach full and complete list)*

\_\_\_\_\_  
*(Attach Exhibit F)*

Bond Excess (Deficit) \_\_\_\_\_

**Cancelled Bond Type**

*(Merchandise, Vault, O&C, etc.)*

Name of Insurance Company \_\_\_\_\_

Cancellation Date \_\_\_\_\_

Amount of Bond \_\_\_\_\_

Amount of Liabilities charged to Bond  
as of 12/31/2019 *(Attach full and complete list)*

\_\_\_\_\_  
*(Attach Exhibit F)*

Bond Excess (Deficit) \_\_\_\_\_

**\*A full and complete list of all merchandise and service liabilities as of 12/31/2019 is required to be attached.**

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**PRECONSTRUCTION REPORT FOR 2019**

**CEMETERY HAS NO INCOMPLETE CONSTRUCTION PROJECTS AS OF DECEMBER 31, 2019:** \_\_\_\_\_  
Initial here, Sign bottom

**PRECONSTRUCTED MAUSOLEUM:** Proposed Name of Mausoleum/Section: \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Crypts: \_\_\_\_\_ Number of Niches: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_  
Date of First Preneed Sale: \_\_\_\_\_ Due to Start or Date Started: \_\_\_\_\_  
Scheduled Completion Date: \_\_\_\_\_  
Cumulative Number of Crypts sold this section through 12/31/2019: \_\_\_\_\_  
Cumulative Number of Niches sold this section through 12/31/2019: \_\_\_\_\_

**PRECONSTRUCTION TRUST ACCOUNT(S)**  
**Name of Trustee:** \_\_\_\_\_  
Account #: \_\_\_\_\_  
Amount of Account as of 12/31/2019: \_\_\_\_\_  
Deposits in Transit: \_\_\_\_\_  
Amount of Liability as of 12/31/2019: \_\_\_\_\_ (Attach Exhibit E)

**PRECONSTRUCTED LAWN-CRYPT GARDEN:** Proposed Name of Garden: \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Single Depths: \_\_\_\_\_ Number of Double Depths: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_  
Date of First Sale: \_\_\_\_\_ Due to Start/Started: \_\_\_\_\_  
Scheduled Completion Date: \_\_\_\_\_  
Number of Crypts sold through 12/31/2019: \_\_\_\_\_

**PRECONSTRUCTION TRUST ACCOUNT(S)**  
**Name of Trustee:** \_\_\_\_\_  
Account #: \_\_\_\_\_  
Amount of Account as of 12/31/2019: \_\_\_\_\_  
Deposits in Transit: \_\_\_\_\_  
Amount of Liability as of 12/31/2019: \_\_\_\_\_ (Attach Exhibit E)

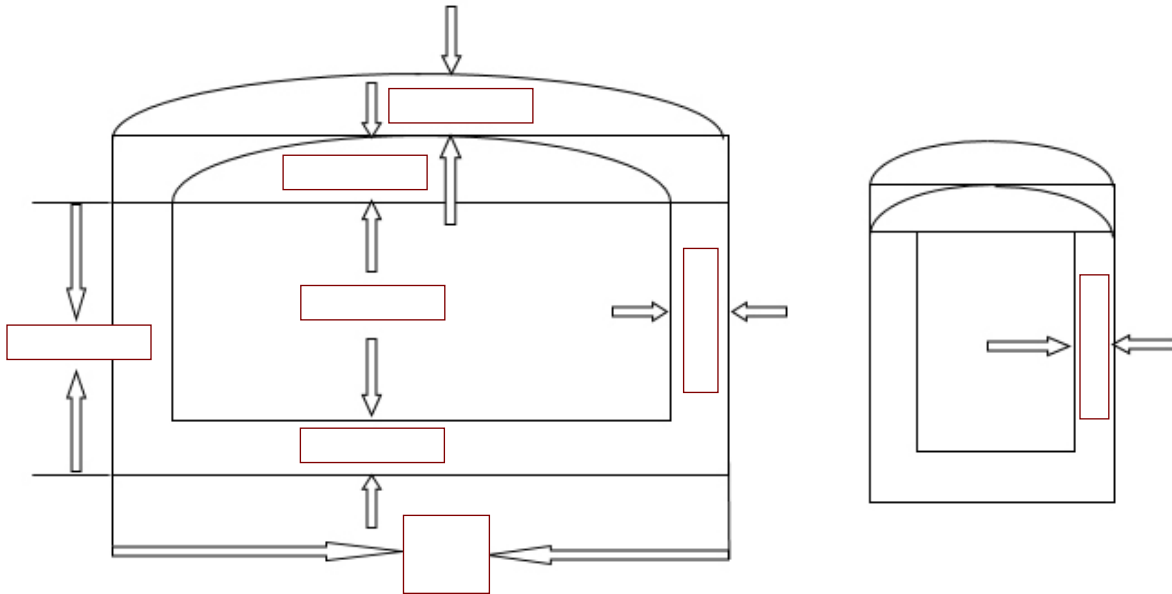
\_\_\_\_\_  
**SIGNATURE** **TYPED/PRINTED NAME** **DATE**

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**VAULT SPECIFICATIONS FOR VAULTS USED IN 2019**

CEMETERY HAS NOT USED ANY VAULTS AS OF DECEMBER 31, 2019: \_\_\_\_\_  
Initial here, Sign bottom



**\*\*Provide Dimensions in the Blanks between the Arrows \*\***

**Concrete Specifications:**

**Reinforcing:**

**TOP:** \_\_\_\_\_

**SIDES/ENDS:** \_\_\_\_\_

**BOTTOM:** \_\_\_\_\_

**Other Remarks:**

This is to certify that all vaults sold/used shall meet or exceed the above plans and specifications per Rule 21 NCAC 07C.0104 Quality Specifications.

\_\_\_\_\_  
**SIGNATURE** **TYPED/PRINTED NAME** **DATE**



# North Carolina Cemetery Commission

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### ANNUAL CERTIFICATION FOR DELIVERED & STORED MERCHANDISE FOR YEAR-END 2019

PLEASE COMPLETE THE FORM BELOW INDICATING THE NUMBER OF CRYPTS, VAULTS, MEMORIALS, MONUMENTS, MEMORIAL BASES AND MEMORIAL VASES, THE CONTRACT NUMBER, AND THE NAME OF THE CUSTOMER TO WHOM THEY BELONG. CREATE AND SUBMIT A SEPARATE REPORT FOR EACH STORAGE LOCATION, WHETHER THE MERCHANDISE IS STORED ON- OR OFF-PREMISES BY THE CEMETERY OR OFF-PREMISES BY THE SUPPLIER(S).

#### EXAMPLE:

<u>Contract Name</u>	<u>Contract Number</u>	<u>Merchandise</u>
John Doe	980645	2 vaults /Vantage
Mary Q. Public	996457	1 vault /Cemetery
Alan Anyone	100245	1 marker/Matthews

#### STORAGE LOCATION:

<u>Contract Name</u>	<u>Contract Number</u>	<u>Merchandise</u>

I, \_\_\_\_\_, Accountant, license # \_\_\_\_\_ hereby certify that I have performed a physical inventory and each item listed hereon has been bought and paid for, and at the time of this report, was in storage and designated as the property of the cemetery company's customer.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TYPED/PRINTED NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**FIRM NAME/STATE OF REGISTRATION**

Signature of cemetery Owner or Manager if no merchandise is stored for this cemetery:

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TYPED/PRINTED NAME**

\_\_\_\_\_  
**DATE**

**CEMETERY NAME:** \_\_\_\_\_

**NCCC LIC#:** \_\_\_\_\_

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**ATTACHMENTS CHECK LIST**

**CONFIRM THE FOLLOWING ATTACHED: (Check only those attachments enclosed.)**

(Report will not be considered submitted without these reports attached. Please label the attachments.)

- Exhibit A:** Annual Perpetual Care Trustee Report
- Exhibit B:** Annual Merchandise, Services & Pre-Construction Trustee Reports
- Exhibit C (On-site):** Merchandise Storage List AND Independent Accountant Affidavit
- Exhibit D (Off-site):** Merchandise Storage List AND Independent Accountant Affidavit
- Exhibit E:** Complete list of all Merchandise and Services liabilities in Trust as of 12/21/2019
- Exhibit F:** Complete list of all Merchandise and Services liabilities applied to bonds as of 12/21/2019

**\*If multiple exhibits are attached for each letter, include a numeral after the exhibit.**

*For example:*

PC Trustee Report	Exhibit A-1
PC "A" Trustee Report	Exhibit A-2