

TRUST AGREEMENT GUIDELINES

(TRUST AGREEMENT MUST ACCOMPANY INITIAL CEMETERY APPLICATION)

TRUST FUND (CEMETERY) REQUIREMENTS-40-8-90; 40-8-110

1. Name of legal entity to conduct cemetery business
2. Proposed financial structure (no Lien's, free and clear)
3. Plat of land to be used for cemetery, showing the county or municipality and the names of roads and access streets or ways
4. General Manager - with two years' experience in the cemetery business
5. Development plans sufficient to ensure that the cemetery shall provide adequate cemetery services and that the property is suitable for use as a cemetery
6. FEE SIMPLE -Applicant owns the tract of land in fee simple;
7. TWO ACRES is ready for burial at time of application
8. 30 ACRES minimum (15 acres if there are less than 35,000 inhabitants in the municipality);
9. NO MORTGAGE, lease or encumbrance may exist or be placed upon the property

TRUSTS

10. MUST BE IRREVOCABLE.
11. Name, Date, Location, Address - (For Both the Applicant and the Trustee)
12. Trust institution doing business in this State
13. \$15,000 MINIMUM Deposit made
14. Net income of the care and maintenance trust fund must be used solely for the care and maintenance of the cemetery, for reasonable costs of administering the care and maintenance, and for reasonable costs of administering the trust fund. This information must be included in the sales contract. 40-8-110(B). The corpus or principal of the trust cannot be withdrawn without permission of the Board.
15. LETTER FROM TRUSTEE BANK – Letter from Applicant's Bank (Trustee) stating that the trust has been accepted and meets the Bank's requirements. 40-8-90(A)(1)(b)



South Carolina
Department of Labor, Licensing and Regulation



Perpetual Care Cemetery Board

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Henry D. McMaster
Governor

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Director

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PERPETUAL CARE TRUST FUND AFFIDAVIT

THIS AFFIDAVIT MUST BE SUBMITTED WITH ALL CEMETERY COMPANY LICENSE APPLICATIONS AND ANYTIME THERE IS A CHANGE OF TRUSTEE

1. Cemetery Company Name: _____

2. Cemetery Address: _____

City, State, Zip Code: _____

3. South Carolina Cemetery license number: _____

4. Name of Trustee: _____

5. Trustee's Address: _____

City, State, Zip Code: _____

6. Trustee Contact Person: _____

7. Trustee Contact Person's Title: _____

8. Telephone & Facsimile Numbers: _____ Telephone _____ Facsimile

9. Trust Account Number: _____

10. Date of Trust Account Agreement: _____

11. Current Balance of Trust Fund: _____

12. I certify that the cemetery company listed in #1 has established an irrevocable trust fund in the amount of at least \$15,000 for the perpetual care of its cemetery.

Trustee's Signature Date

Notary
In the State of _____, City/County of _____, Subscribed and sworn

Before me, the undersigned Notary Public in and for the city/county aforesaid this _____, day of _____, _____.

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public