



Mark A. Hall
Senior Vice President

SunTrust Bank
Funeral and Cemetery Trust Services
200 S. Orange Avenue, 10th Floor
Orlando, FL 32801
Tel 407.237.5907
mark.hall@SunTrust.com

September 18, 2019

VIA OVERNIGHT MAIL

Wisconsin Department of Safety and Professional Services
Cemetery Board
1400 E. Washington Avenue
Madison, WI 53703

Re: Application for Change of Trustee of a Care Fund or a Preneed Trust Fund
Arlington Park Cemetery (License No. 202-95)
Forest Hill Memorial Park (License No. 203-95)
Sunset Ridge Memorial Park (License No. 201-95)
Woodlawn Cemetery (License No. 204-95)

Dear Sir/Madam:

The purpose of this letter is to request a change in the trustee from Associated Trust Company, NA to SunTrust Bank and The Chicago Trust Company, NA as Co-Trustees for the respective trusts.

Enclosed please find an Application for Change of Trustee of a Care Fund or a Preneed Trust Fund for each of the noted locations. Please review and submit the enclosed requests to the Wisconsin Cemetery Board for consideration and approval at their meeting on November 5, 2019.

Please let me know if you have questions or if additional information is needed.

Sincerely,

Mark A. Hall
Senior Vice President

Enclosures

Copy to: Esther H. Bateman, S.E. Cemeteries of Wisconsin, Inc.
Camela M. Meyer, The Chicago Trust Company, NA
Peggy S. Bast, Associated Trust Company, NA

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CEMETERY BOARD

APPLICATION FOR CHANGE OF TRUSTEE OF A CARE FUND OR A PRENEED TRUST FUND

NO FEE REQUIRED

Purpose: To obtain written approval from the Board before transferring a care fund or a preneed trust fund from one financial institution to another. In this form "trustee" refers to the financial institution.

1. Name of Cemetery Authority and/or Preneed Seller (exactly as it appears on license) <u>Arlington Park Cemetery</u>		License Number: <u>202-95</u>
2. Address of Principal Office (street, city, state, zip) <u>1929 Allen Parkway, Houston, TX 77019</u>		3. Daytime Telephone Number <u>5</u> <u>0</u> <u>4</u> - <u>7</u> <u>2</u> <u>9</u> - <u>1</u> <u>5</u> <u>8</u> <u>9</u>

4. Complete the following for one or more accounts to be transferred:	
a. Name or Account Number of Account to be Transferred <u>Please see attached Exhibit A</u>	b. Type of Fund <input checked="" type="checkbox"/> Care Fund <input checked="" type="checkbox"/> Preneed Trust Fund
c. Amount in Account which will be Transferred <u>Please see attached Exhibit A</u>	d. Manner/Instrument by which Transfer is to be Made <u>Wire Transfer</u>

AFFIDAVIT OF FINANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the Associated Trust Company, NA (Financial Institution),
at, 815 N. Water Street Milwaukee WI
(Street) (City) (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Date

Daniel McDermott

09/17/2019

Print or Type Name of Officer

Title

Daniel McDermott

Vice President

Wisconsin Department of Safety and Professional Services

4. Continued:

a. Name or Account Number of Account to be Transferred

b. Type of Fund

☐ Care Fund

☐ Preneed Trust Fund

c. Amount in Account which will be Transferred

d. Manner/Instrument by which Transfer is to be Made

AFFIDAVIT OF FINANANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the _____ (Financial Institution),

at, _____ (Street) _____ (City) _____ (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Date

____/____/____

Print or Type Name of Officer

Title

a. Name or Account Number of Account to be Transferred

b. Type of Fund

☐ Care Fund

☐ Preneed Trust Fund

c. Amount in Account which will be Transferred

d. Manner/Instrument by which Transfer is to be Made

AFFIDAVIT OF FINANANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the _____ (Financial Institution),

at, _____ (Street) _____ (City) _____ (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Date

____/____/____

Print or Type Name of Officer

Title

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

1/2/01/20/9

7. State any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the propose trustee.

None

8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the The Chicago Trust Company, N.A., as Co-Trustee (Financial Institution),

at, 400 Milwaukee Avenue Burlington WI
(Street) (City) (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Camela M. Meyer

Date

09/12/2019

Print or Type Name of Officer

By: Camela M. Meyer

Title

Vice President

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

11/21/2019

7. State any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the propose trustee.

None

8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the SunTrust Bank, as Co-Trustee (Financial Institution),

at, 200 S. Orange Ave., SOAB 10th Floor
(Street)

Orlando
(City)

FL
(State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Date

By: Mark A. Hall, SVP

09/18/2019

Print or Type Name of Officer

Title

By: Mark A. Hall

Senior Vice President

Wisconsin Department of Safety and Professional Services

9. CERTIFICATION OF CEMETERY AUTHORITY:

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action. I affirm that the rights and interests of the beneficiaries of the fund(s) listed in #4 above will be adequately protected subsequent to this change of trustee.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Authorized Representative of Cemetery Authority

Date

Maria E. Bateman

**

09/12/2019

Print or Type Name of Authorized Representative

Title

Maria E. Bateman

**

Vice President

Exhibit A

Wisconsin "*Application for Change of Trustee of a Care Fund or a Preneed Trust Fund*"

Arlington Park Cemetery

License #202-95

Name of Trust Account	Account No.	Type of Fund	Market Value as of 7-31-2019
Arlington Park Cemetery PC TUA	43-C864-01-4	Endowment Care	\$2,045,603.86
Arlington Park Preneed Merchandise	41-C895-01-2	Cemetery Merchandise	\$1,735,635.27

Wisconsin Department of Safety and Professional Services

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CEMETERY BOARD

APPLICATION FOR CHANGE OF TRUSTEE OF A CARE FUND OR A PRENEED TRUST FUND

NO FEE REQUIRED

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1. Name of Cemetery Authority and/or Preneed Seller (exactly as it appears on license) <u>Forest Hill Memorial Park</u>		License Number: <u>203-95</u>	
2. Address of Principal Office (street, city, state, zip) <u>1929 Allen Parkway, Houston, TX 77019</u>		3. Daytime Telephone Number <u>5</u> <u>0</u> <u>4</u> - <u>7</u> <u>2</u> <u>9</u> - <u>1</u> <u>5</u> <u>8</u> <u>9</u>	

4. Complete the following for one or more accounts to be transferred:			
a. Name or Account Number of Account to be Transferred <u>Please see attached Exhibit A</u>		b. Type of Fund <input checked="" type="checkbox"/> Care Fund <input checked="" type="checkbox"/> Preneed Trust Fund	
c. Amount in Account which will be Transferred <u>Please see attached Exhibit A</u>		d. Manner/Instrument by which Transfer is to be Made <u>Wire Transfer</u>	
AFFIDAVIT OF FINANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:			
The undersigned, a duly authorized official of the <u>Associated Trust Company, NA</u> (Financial Institution),			
at, <u>815 N. Water Street</u> (Street)		<u>Milwaukee</u> (City)	<u>WI</u> (State)
on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.			
Signature of Officer of Institution <u>[Signature]</u>		Date <u>09/17/2019</u>	
Print or Type Name of Officer <u>Daniel McDermott</u>		Title <u>Vice President</u>	

Wisconsin Department of Safety and Professional Services

4. Continued:

a. Name or Account Number of Account to be Transferred

b. Type of Fund

☐ Care Fund

☐ Preneed Trust Fund

c. Amount in Account which will be Transferred

d. Manner/Instrument by which Transfer is to be Made

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The undersigned, a duly authorized official of the _____ (Financial Institution),

at, _____ (Street) _____ (City) _____ (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Date

Print or Type Name of Officer

Title

a. Name or Account Number of Account to be Transferred

b. Type of Fund

☐ Care Fund

☐ Preneed Trust Fund

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Signature of Officer of Institution

Date

Print or Type Name of Officer

Title

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

11/21/2019

7. State any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the propose trustee.

None

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at, 400 Milwaukee Avenue (Street), Burlington (City), WI (State)

on behalf of this institution, does swear and affirm that the information provided in 4a, through 4d, above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Camela M. Meyer

Date

09/12/2019

Print or Type Name of Officer

By: Camela M. Meyer

Title

Vice President

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

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8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the SunTrust Bank, as Co-Trustee (Financial Institution),

at, 200 S. Orange Ave., SOAB 10th Floor (Street), Orlando (City), FL (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

By: Mark A. Hall, SVP

Date

09/18/2019

Print or Type Name of Officer

By: Mark A. Hall

Title

Senior Vice President

Wisconsin Department of Safety and Professional Services

9. CERTIFICATION OF CEMETERY AUTHORITY:

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

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By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Authorized Representative of Cemetery Authority

Maria E. Bateman

**

Date

09/11/2019

Print or Type Name of Authorized Representative

Maria E. Bateman

**

Title

Vice President

Exhibit A

Wisconsin "***Application for Change of Trustee of a Care Fund or a Preneed Trust Fund***"

Forest Hill Memorial Park Cemetery

License #203-95

Name of Trust Account	Account No.	Type of Fund	Market Value as of 7-31-2019
Forest Hill Cemetery PC TUA	43-C863-01-6	Endowment Care	\$986,709.37
Osiris Holding – Statutory Merch QFT	41-C894-01-5	Cemetery Merchandise	\$1,424,176.92

Wisconsin Department of Safety and Professional Services

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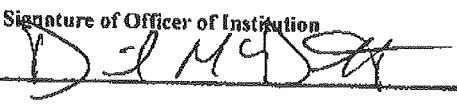
CEMETERY BOARD

APPLICATION FOR CHANGE OF TRUSTEE OF A CARE FUND OR A PRENEED TRUST FUND

NO FEE REQUIRED

Purpose: To obtain written approval from the Board before transferring a care fund or a preneed trust fund from one financial institution to another. In this form "trustee" refers to the financial institution.

1. Name of Cemetery Authority and/or Preneed Seller (exactly as it appears on license) Sunset Ridge Memorial Park		License Number: 201-95
2. Address of Principal Office (street, city, state, zip) 1929 Allen Parkway, Houston, TX 77019	3. Daytime Telephone Number 5 0 4 - 7 2 9 - 1 5 8 9	

4. Complete the following for one or more accounts to be transferred:	
a. Name or Account Number of Account to be Transferred Please see attached Exhibit A	b. Type of Fund <input checked="" type="checkbox"/> Care Fund <input checked="" type="checkbox"/> Preneed Trust Fund
c. Amount in Account which will be Transferred Please see attached Exhibit A	d. Manner/Instrument by which Transfer is to be Made Wire Transfer
AFFIDAVIT OF FINANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:	
The undersigned, a duly authorized official of the Associated Trust Company, NA (Financial Institution),	
at 815 N. Water Street (Street)	Milwaukee (City)
	WI (State)
on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.	
Signature of Officer of Institution 	Date 09/17/2019
Print or Type Name of Officer Daniel McDermott	Title Vice President

Wisconsin Department of Safety and Professional Services

4. Continued:

a. Name or Account Number of Account to be Transferred

b. Type of Fund

☐ Care Fund

☐ Preneed Trust Fund

c. Amount in Account which will be Transferred

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Signature of Officer of Institution

Date

Print or Type Name of Officer

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Signature of Officer of Institution

Date

Print or Type Name of Officer

Title

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

1/2/01/20/19

7. State any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the propose trustee.

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Signature of Officer of Institution

Camela M. Meyer

Date

09/12/2019

Print or Type Name of Officer

By: Camela M. Meyer

Title

Vice President

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

12/01/2019

7. State any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the propose trustee.

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Signature of Officer of Institution

Date

By: Mark A. Hall, SVP

09/18/2019

Print or Type Name of Officer

Title

By: Mark A. Hall

Senior Vice President

Wisconsin Department of Safety and Professional Services

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CONTINUING DUTY OF DISCLOSURE:

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Signature of Authorized Representative of Cemetery Authority

Maria E. Bateman

**

Date

09/12/2019

Print or Type Name of Authorized Representative

Maria E. Bateman

**

Title

Vice President

Exhibit A

Wisconsin "*Application for Change of Trustee of a Care Fund or a Preneed Trust Fund*"

Sunset Ridge Memorial Park Cemetery
License #201-95

Name of Trust Account	Account No.	Type of Fund	Market Value as of 7-31-2019
Sunset Ridge Perpetual Care	43-C862-01-8	Endowment Care	\$1,194,464.73
Sunset Ridge Preneed Merchandise	41-C896-01-0	Cemetery Merchandise	\$1,941,325.14

Wisconsin Department of Safety and Professional Services

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APPLICATION FOR CHANGE OF TRUSTEE OF A CARE FUND OR A PRENEED TRUST FUND

NO FEE REQUIRED

Purpose: To obtain written approval from the Board before transferring a care fund or a preneed trust fund from one financial institution to another. In this form "trustee" refers to the financial institution.

1. Name of Cemetery Authority and/or Preneed Seller (exactly as it appears on license)	
Woodlawn Cemetery	License Number: 204-95
2. Address of Principal Office (street, city, state, zip)	3. Daytime Telephone Number
1929 Allen Parkway, Houston, TX 77019	5 0 4 - 7 2 9 - 1 5 8 9

4. Complete the following for one or more accounts to be transferred:	
a. Name or Account Number of Account to be Transferred	b. Type of Fund
Please see attached Exhibit A	<input checked="" type="checkbox"/> Care Fund <input checked="" type="checkbox"/> Preneed Trust Fund
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on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.	
Signature of Officer of Institution	Date
	09/17/2019
Print or Type Name of Officer	Title
Daniel McDermott	Vice President

Wisconsin Department of Safety and Professional Services

4. Continued:

a. Name or Account Number of Account to be Transferred

b. Type of Fund

☐ Care Fund

☐ Preneed Trust Fund

c. Amount in Account which will be Transferred

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c. Amount in Account which will be Transferred

d. Manner/Instrument by which Transfer is to be Made

AFFIDAVIT OF FINANANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the _____ (Financial Institution),

at, _____ (Street) _____ (City) _____ (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Date

Print or Type Name of Officer

Title

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

11/21/2019

7. State any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the propose trustee.

None

8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the The Chicago Trust Company, N.A., as Co-Trustee (Financial Institution),

at, 400 Milwaukee Avenue (Street), Burlington (City), WI (State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

Camela M. Meyer

Date

09/12/2019

Print or Type Name of Officer

By: Camela M. Meyer

Title

Vice President

Wisconsin Department of Safety and Professional Services

5. Reason for requesting the change of trustee:

Transfer to cemetery owner's preferred trust service provider.

6. Anticipated date the transfer is to be effectuated:

1/2/01/2019

7. State any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the propose trustee.

None

8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL BE TRANSFERRED:

The undersigned, a duly authorized official of the SunTrust Bank, as Co-Trustee (Financial Institution),

at, 200 S. Orange Ave., SOAB 10th Floor
(Street)

Orlando
(City)

FL
(State)

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that the institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

Signature of Officer of Institution

By: Mark A. Hall, Sr.

Date

09/18/2018

Print or Type Name of Officer

By: Mark A. Hall

Title

Senior Vice President

Wisconsin Department of Safety and Professional Services

9. CERTIFICATION OF CEMETERY AUTHORITY:

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action. I affirm that the rights and interests of the beneficiaries of the fund(s) listed in #4 above will be adequately protected subsequent to this change of trustee.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Authorized Representative of Cemetery Authority

Maria E. Bateman

**

Date

09/12/2019

Print or Type Name of Authorized Representative

Maria E. Bateman

**

Title

Vice President

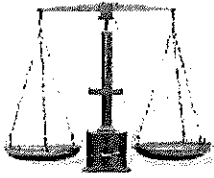
Exhibit A

Wisconsin "*Application for Change of Trustee of a Care Fund or a Preneed Trust Fund*"

Woodlawn Cemetery

License #204-95

Name of Trust Account	Account No.	Type of Fund	Market Value as of 7-31-2019
Woodlawn Cemetery LLC Trust A	41-C913-01-3	Endowment Care	\$741,197.69
Woodlawn Cemetery LLC Trust B	41-C913-02-1	Cemetery Merchandise	\$305,345.83



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Attorney Alan J. Strohschein
astrohschein@sglawoffice.net
Attorney Karl Green
kgreen@sglawoffice.net

September 27, 2019

via e-mail dspscredcemetery@wisconsin.gov
Cemetery Board

Dear Sirs:

I talked to a helpful person on September 26th who advised me to re-send the letter I had sent to Joseph Vosen on September 3, 2019, not knowing that he had passed away. I am forwarding the letter of September 3, 2019 to the e-mail address given to me for a response from the State Cemetery Board. We thank you in advance for all of your assistance and cooperation. It is most appreciated.

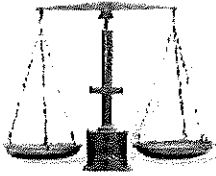
Very truly yours,

STROHSCHN & GREEN

Alan J. Strohschein
State Bar No. 1004158

AJS:dak

Enc.



STROHSCHN & GREEN

Attorneys at Law

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Attorney Alan J. Strohschein
astrohschein@sglawoffice.net
Attorney Karl Green
kgreen@sglawoffice.net

September 3, 2019

via e-mail Joe.Vosen@wisconsin.gov

Mr. Joe Vosen, CPA
Auditor
Division of Management Services

RE: Highland Memory Gardens, Town of Trenton, Dodge County, Wisconsin

Dear Mr. Vosen:

Approximately two and a half years ago we had e-mail correspondence regarding the Highland Memory Gardens Cemetery in the Town of Trenton, Dodge County, Wisconsin. With your assistance, the perpetual care funds were transferred from BMO Harris Bank to Thrivent Financial. Also, Highland Memory Gardens was approved as Successor Trustee, and Thrivent Financial as the investment advisor for Highland Memory Gardens Cemetery Association's perpetual care funds.

The Highland Memory Gardens Cemetery Association has need for drawing on the principal of the perpetual care fund due to a lack of lot sales and full funerals at the cemetery during 2019.

The Board of Trustees held a special meeting on August 27th and authorized me to write to you to request approval from the State Cemetery Board for removal of the \$20,000.00 from the investment at Thrivent Financial.

Please contact me as soon as you are able regarding this request. Thank you in advance for your cooperation and assistance.

Very truly yours,

STROHSCHN & GREEN

Alan J. Strohschein
State Bar No. 1004158

AJS:dak

cc: Mr. Michael Kapets *via e-mail Michael.Kapets@thrivent.com*