

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 Serviœs 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. Cer Camela M. Meyer, The Chie

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
Mail To:Professional Services
Ship To:Mail To:P.O. Box 8935
Madison, WI 53708-8935Ship To:FAX #:(608) 261-7083
(608) 266-2112E-Mail:
Website:dsps@wisconsin.gov
http://dsps.wi.gov

dsps@wisconsin.gov 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 find 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)	
Arlington Park Cernetery	License Number: 202-95
2. Address of Principal Office (street, city, state, zip) 1929 Alien 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 Of Caro Fund Of 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 FINANANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:			
The undersigned, a duly authorized official of the Associated Trust Company, NA (Financial Institution),			
at,	Milwaukee WI (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 $0 9 /1 7 /2 0/19$		
Print or Type Name of Officer Daniel McDermott	Title Vice President		

#2058 (Rev. 7/16) Ch. 440, Stats.

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Page 1 of 4

4. Continued:	
a. Name or Account Number of Account to be Transferred	b. Type of Fund
	Care Fund Preneed Trust Pund
c. Amount in Account which will be Transferred	d. Manner/Instrument by which Transfer is to be Made
AFEIDAVIT OF FINANANCIAL INSTITUTION BOOM WHICH ACCOUNT	T WILL DE TRANCEEDDED.
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM WHICH ACCOUNT	I WILL DE IRANSFERRED:
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 release the above-described account upon the approval of the Department of Safety	4a. through 4d. above is correct and that the institution is prepared to
Signature of Officer of Institution	Date
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Print or Type Name of Officer	Title
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	Care Fund Preneed Trust Fund
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5. Reason for requesting the change of trustee:		
Transfer to cemetery owner's preferred trust service provider.		
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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.		
None		
	4 949411 kang ang ang ang ang ang ang ang ang ang	
8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL B	BE TRANSFERRED:	
The undersigned, a duly authorized official of the The Chicago Trust Comp	any, N.A., as Co-Trustee (Financial Institution),	
" 400 Milwaukee Avenue	Burlington WI	
(Street)	(City) (State)	
on behalf of this institution, does swear and affirm that the information provided in 4a, throu release the above-described account upon the approval of the Department of Safety and Prof	igh 4d, above is correct and that the institution is prepared to essional Services.	
Signature of Officer of Institution Camula M. Mupp	Date 09/12/2019	
Print or Type Name of Officer	Title	
By: Camela M. Meyer	Vice President	

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Page 3 of 4

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None		
8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL	BE TRANSFERRED:	
The undersigned, a duly authorized official of the		
at 200 S. Orange Ave., SOAB 10th Floor	Orlando	
(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	
Ry: plateral, SVP	0911812019	
Print or Type Name of Officer	Title	
By: Mark A. Hall	Senior Vice President	

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 09/12/2019
Print or Type Name of Authorized Representative Maria E. Bateman	**	Title Vice President

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<u>Exhibit A</u>

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
Mail To:Professional Services
Ship To:Mail To:P.O. Box 8935
Madison, WI 53708-8935Ship To:FAX #:(608) 261-7083
Phone #:E-Mail:
Wcbsite:dsps@wisconsin.gov
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 946 xm

1. Name of Centrefery Authority and/or finance do it			
1. Name of Cemetery Authority and/or Preneed Seller (exactly as it appears on license) Forest Hill Memorial Park	License Number: 203-95		
2. Address of Principal Office (street, city, state, zip) 1929 Allen Parkway, Houston, TX 77019	3. Daytime Telephove Number 504-729-1589		
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 Preneed Trust Fund		
c. Amount in Account which will be Transferred Please see altached Exhibit A	d. Manner/Instrument by which Transfer is to be Made Wire Transfer		
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:			
The undersigned, a duly authorized official of the Associated Trust Compan	y, NA (Financial Institution),		
at, 815 N. Water Street (Street)	Milwaukee W((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 $09/17/2019$		
Print or Type Name of Officer Daniel McDermott	Title Vice President		

#2058 (Rev. 7/16) Ch. 440, Stats.

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Page 1 of 4

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 ACCO	DUNT 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 release the above-described account upon the approval of the Department of Sa	d in 4a. through 4d. above is correct and that the institution is prepared to fety and Professional Services.
Signature of Officer of Institution	Date
Print or Type Name of Officer	Title
The of type (value of Office)	
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a. Name or Account Number of Account to be Transferred	b. Type of Fund
	Care Fund Preneed Trust Fund
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(Street)	(City) (State)
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Signature of Officer of Institution	Date
Signature of Officer of Institution	Date / / / /
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Signature of Officer of Institution Print or Type Name of Officer	Date Title

5. Reason for requesting the change of trustee:		
Transfer to cemetery owner's preferred trust service pro	vider.	
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6. Anticipated date the transfer is to be effectuated:	11210112019	
7. State any costs which will accrue to the balance of the care fund(s) or p nature and anticipated amounts of any service charges, administrative fee preneed fund(s) by the propose trustee.	reneed trust fund(s) listed in #4 above upon the change of trustee and the as or other costs which will be imposed against the care fund(s) or	
None		
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The undersigned, a duly authorized official of the The Chicago Trust Company, N.A., as Co-Trustee (Financial Institution),		
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(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	
Camela M. Mups	09/12/2019	
Print or Type Name of Officer	Title	
By: Camela M. Meyer	Vice President	

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		
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None			
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8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL	BE TRANSFERRED:		
	4		
The undersigned, a duly authorized official of theSunTrust Bank, as Co-Tru	(Financial Institution),		
at, 200 S. Orange Ave., SOAB 10th Floor	Orlando FL		
(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		
By: / Califol, SUP	0911812019		
Print or Type Name of Officer	Title		
By: Mark A. Hall	Senior Vice President		

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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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 09/12/2018
Print or Type Name of Authorized Representative	Titk
Maria E. Bateman **	Vice President

#2058 (Rev. 7/16) Ch. 440, Stats.

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Page 4 of 4

<u>Exhibit A</u>

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

Mail To: P.O. Box 3 Madison, FAX #: (608) 261-Phone #: (608) 266-

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P.O. Box 8935 Madison, WI 53708-8935 (608) 261-7083 (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

1. Name of Cemetery Authority and/or Preneed Seller (exactly as it appears on license)			
Sunset Ridge Memorial Park	License Number: 201-9	с I	
2. Address of Principal Office (street, city, state, zip)		2	
	3. Daytime Telephone Number		
1929 Allen Parkway, Houston, TX 77019	504-729-158	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	annon ann ann ann ann ann ann ann ann an	
Please see attached Exhibit A	Care Fund D'Prenced Trust Fund		
c. Amount in Account which will be Transferred			
	d. Manner/Instrument by which Transfer is	to be Made	
Please see attached Exhibit A	Wire Transfer	1	
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:			
The undersigned, a duly authorized official of theAssociated Trust Compa	1V, NA (Financi	al Institution),	
ar 815 N. Water Street			
(Street)	Milwaukee	WI	
	(City)	(State)	
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Signature of Officer of Institution	Date		
JJM9 CH	2	ĺ	
	09/17/2019		
Print or Type Name of Officer	Title		
Daniel McDermott	Vice President		
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#2058 (Rev. 7/16) Ch. 440, Stats.

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Page 1 of 4

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Committed to Equal Opportunity in Employment and Licensing

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., 400 Milwaukee Avenue	Purlington (144 /
at, 400 Minwaukee Avenue	Burlington WI (City) (State)
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Signature of Officer of Institution	Date
Camila M. Mup	09/12/2019
Criticove in	1 <u>MU/ 181/ 2011 7</u>
Print or Type Name of Officer	Title
By: Camela M. Meyer	Vice President

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Signature of Officer of Institution	Date
By: plate fall, SVA	09/18/24019
Print or Type Name of Officer	Title
By: Mark A. Hall	Senior Vice President

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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 09/12/2019
Print or Type Name of Authorized Representative	Title
Maria E. Bateman **	Vice President

#2058 (Rev. 7/16) Ch. 440, Stats.

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<u>Exhibit A</u>

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

Sunset Ridge Memorial Park Cemetery License #201-95

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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 ServicesMail To:P.O. Box 8935
Madison, WI 53708-8935Ship To:1400 E. Washington Avenue
Madison, WI 53703FAX #:(608) 261-7083
(608) 266-2112E-Mail:dsns@wisconsin.gov
Mugr//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

1. Name of Cemetery Authority and/or Preneed Seller (exactly as it appears on license)			
Woodlawn Cemetery	License Number: 204-95		
	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	Care Fund DePreneed 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		
r lease see allached Exhibit A	Wire Transfer		
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED:			
The undersigned, a duly authorized official of theAssociated Trust Compar	IV, NA (Financial Institution),		
at 815 N. Water Street	Balles modern and the second		
(Street)	Milwaukee Wi		
on babalf of this institution there are a second second second	(City) (State)		
on behalf of this institution, does swear and affirm that the information provided in 4a. thro release the above-described account upon the approval of the Department of Safety and Pro-	ugh 4d. above is correct and that the institution is prepared to fessional Services.		
Sandure of Officer of Institution	Date		
VIM9 DA			
J. J. VI	09/17/2019		
Print or Type Name of Officer	Title		
Daniel McDermott	Vice President		

#2058 (Rev. 7/16) Ch. 440, Stats.

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Page 1 of 4

4. Continued:			
a. Name or Account Number of Account to be Transferred	1	b. Type of Fund	Preneed Trust Fund
c. Amount in Account which will be Transferred	En er er er en	d. Manner/Instru	ment by which Transfer is to be Made
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM	WHICH ACCOUNT WILL	, BE TRANSFERRE	D:
The undersigned, a duly authorized official of the		, e na na seu a companya a seu a companya a compa	(Financial Institution),
at,			
(Street)		···· ····· ···· ···· ···· ((City) (State)
on behalf of this institution, does swear and affirm that the information release the above-described account upon the approval of the E Signature of Officer of Institution	ormation provided in 4a. throu Department of Safety and Prof	gh 4d. above is correc essional Services. Date	and that the institution is prepared to
	الله المحمد الماسية من المحمد الم	5	
Print or Type Name of Officer		Title	
a. Name or Account Number of Account to be Transferred		b. Type of Fund	Preneed Trust Fund
A mount in Account which will be Transferred		a Mannar/Instrum	nant bu which Transfer is to be Made
. Amount in Account which will be Transferred		d. Manner/Instrur	nent by which Transfer is to be Made
	WHICH ACCOUNT WILL	- And an 100 an Ald Ald Alas da Tur Dollard and advant	94-15-29-16-16-16-16-16-16-16-16-16-16-16-16-16-
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM V		BE TRANSFERREI	9a 16. 37 million and 18 3 3 5 7 million and a 18 million and 18 m
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM N The undersigned, a duly authorized official of the		BE TRANSFERREI):
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM A		BE TRANSFERREI):
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM N The undersigned, a duly authorized official of the t, (Street) n behalf of this institution, does swear and affirm that the infor	rmation provided in 4a. throug	BE TRANSFERRE (C gh 4d. above is correct): (Financial Institution), ity) (State)
AFFIDAVIT OF FINANANCIAL INSTITUTION FROM N The undersigned, a duly authorized official of the ut,(Street) on behalf of this institution, does swear and affirm that the info elease the above-described account upon the approval of the D	rmation provided in 4a. throug	BE TRANSFERRE (C gh 4d. above is correct): (Financial Institution), ity) (State)
c. Amount in Account which will be Transferred AFFIDAVIT OF FINANANCIAL INSTITUTION FROM V The undersigned, a duly authorized official of the at, (Street) on behalf of this institution, does swear and affirm that the infor release the above-described account upon the approval of the D Signature of Officer of Institution	rmation provided in 4a. throug	BE TRANSFERRE (C gh 4d. above is correct ssional Services.): (Financial Institution), ity) (State)

5. Reason for requesting the change of trustee:		antistineinistensijiren k
Transfer to cemetery owner's preferred t	rust service provider.	1
annan an a		
######################################		
6. Anticipated date the transfer is to be effectuated:	12/01/20/9	
7. State any costs which will accrue to the balance of the nature and anticipated amounts of any service charges preneed fund(s) by the propose trustee.	he care fund(s) or preneed trust fund(s) listed in #4 above upon the change of trustee a s, administrative fees or other costs which will be imposed against the care fund(s) or	and the
None		
		ارمیں سیسی ا
		ال <u>سمبينين</u>

#199019911991199119911991191191919191919		
		tariatemmaticas
8. AFFIDAVIT OF FINANCIAL INSTITUTION TO	WHICH ACCOUNT(S) WILL BE TRANSFERRED:	
The undersigned, a duly authorized official of the1	he Chicago Trust Company, N.A., as Co-Trustee (Financial Insti	itution),
at400 Milwaukee Avenue	Burlington	Л
(Street)	(City) (Stat	nanual ite)
on behalf of this institution, does swear and affirm that the release the above-described account upon the approval of t	e information provided in 4a, through 4d, above is correct and that the institution is prepare the Department of Safety and Professional Services.	ed to
Signature of Officer of Institution	Date	
Camela M Mum	0911212019	

- contacte in the appl	<u> Y/// P/ 20// 7</u>	
Print or Type Name of Officer	Title	
By: Camela M. Meyer	Vice President	

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 trus nature and anticipated amounts of any service charges, administrative fees or other opreneed fund(s) by the propose trustee.	t fund(s) listed in #4 above upon the change of trustee and the costs which will be imposed against the care fund(s) or
None	
8. AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL	BE TRANSFERRED:
The undersigned, a duly authorized official of theSUNTrust Bank, as Co-Tru	Istee (Financial Institution),
at 200 S. Orange Ave., SOAB 10th Floor	Orlando FL
(Street)	(City) (State)
on behalf of this institution, does swear and affirm that the information provided in 4a. the release the above-described account upon the approval of the Department of Safety and Pr	ough 4d. above is correct and that the institution is prepared to ofessional Services.
Signature of Officer of Institution	Date
&y: / Califall Sup	09/18/2018
Print or Type Name of Officer	Title
By: Mark A. Hall	Senior Vice President

9. CERTIFICATION OF CEMETERY AUTHORITY:

CONTINUING DUTY OF DISCLOSURE:

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Signature of Authorized Representative of Cemetery Authority	Date
Bother 4 - Bosteries **	09/12/2019
Print or Type Name of Authorized Representative	Title
Maria E. Bateman ** 1	Vice President

#2058 (Rev. 7/16) Ch. 440, Stats.

Committed to Equal Opportunity in Employment and Licensing

Page 4 of 4

<u>Exhibit A</u>

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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STROHSCHEIN & GREEN

Attorneys at Law 1132 Park Avenue Columbus, WI 53925

Phone: (920) 623-2710 Fax: (920) 623-2714 sglawoffice@sglawoffice.net Attorney Alan J. Strohschein <u>astrohschein@sglawoffice.net</u> Attorney Karl Green <u>kgreen@sglawoffice.net</u>

September 27, 2019

via e-mail <u>dspscredcemetery@wisconsin.gov</u> 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,

STROHSCHEIN & GREEN

Alan J. Strohschein State Bar No. 1004158

AJS:dak

Enc.

STROHSCHEIN & GREEN



Attorneys at Law 1132 Park Avenue Columbus, WI 53925

Phone: (920) 623-2710 Fax: (920) 623-2714 sglawoffice@sglawoffice.net Attorney Alan J. Strohschein <u>astrohschein@sglawoffice.net</u> Attorney Karl Green <u>kgreen@sglawoffice.net</u>

September 3, 2019

via e-mail <u>Joe.Vosen@wisconsin.gov</u> 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,

STROHSCHEIN & GREEN

Alan J. Strohschein State Bar No. 1004158

AJS:dak

cc: Mr. Michael Kapets via e-mail <u>Michael.Kapets@thrivent.com</u>