

Date: _____

Life Insurance

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

SSN: _____

Account Number: _____

According to the records we have available to us, the following insurance policy(ies), issued by your company are in effect.

Policy Number: _____

Policy Number _____

Enclosed you will find the following documents:

____ Death Certificate

____ Evidence to document my role

____ Claim

____ Other

Please forward to me all information necessary to finalize the estate of the deceased. Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____