

Date: \_\_\_\_\_

Social Security Administration

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 Number: \_\_\_\_\_

Enclosed is a certified copy of the death certificate along with a coroner's report (if applicable). Also enclosed is evidence of my participation as executor of the deceased's estate.

Please cease all future payments to the deceased and advise me of any reimbursements that should be made. Please feel free to contact me at the address below or the attorney for the estate.

Attorney of record for the estate:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Sincerely Yours,

My Contact Information

Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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