



Your name  
Your Address  
Your City, State, Zip Code

Today's Date

Insurance Company Name  
Address  
City, State, Zip Code  
Attention: Claims Department

Regarding: \_\_\_\_\_  
(Deceased's Name)

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

To Whom It May Concern:

I am writing to inform you of the death of my  
\_\_\_\_\_, on \_\_\_\_\_.

I have enclosed a copy of the death certificate. Please contact me regarding the Will, probate procedures and requirements, any further documents or information you will need, as well as any retainer fees that you are entitled to receive.

I can be reached at the address listed above or by telephone at \_\_\_\_\_.

Thank you for your assistance in this matter.

Sincerely,

Sample only

\_\_\_\_\_  
(Your Name)