

caringorganizer™

by caringvoices™

A collection of pre-written letters for handling the personal affairs
after the loss of a loved one...along with a survivors checklist



caring
voices™

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IF THERE IS A LETTER YOU NEED, BUT CANNOT FIND,
TRY THE *INDEX*, WHERE LETTERS ARE CROSS-REFERENCED ALPHABETICALLY.

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by caringvoices™

The loss of a loved one can leave the family not only grief-stricken, but also confronted with mountains of paperwork ahead of them. The *Caring Organizer* recognizes the difficulty of dealing with all the correspondence following the death of a family member, and we want to help. The *Caring Organizer* provides materials that help you identify and contact the appropriate people following a death. Included in the *Caring Organizer* are over 50 letters that you can use to mail to various organizations, institutions, and businesses to notify them of the death or request information that you or your attorney may need to settle the estate. It also provides space for you to record the letters you've sent. In other words, it helps you keep organized as you move through that inevitable mountain of paperwork.

Please understand that the information and suggestions offered in this Organizer are not to be considered legal or financial advice. We recommend that you enlist the aid of a probate attorney or check the legal aid resources available in your city. The *Caring Organizer* is meant merely to be an aid in your information gathering process and to remind you of some of those people and organizations who may need to be notified.

We hope the *Caring Organizer* is easy to understand, but should you have questions about it, please do not hesitate to contact your funeral professional.

HOW TO USE THE LETTERS

- ❖ Look through the Index at the end of the document to refresh your memory of whom to send a letter. Choose the most important to least important letters to be sent based upon your individual needs and circumstances.
- ❖ Begin completing each letter thoroughly, providing as much information as possible. It may not be necessary to send a copy of the death certificate with each letter. Generally the death certificate should go to governmental agencies, insurance companies, financial institutions, and where property is to be sold or transferred.
- ❖ Record the date each letter is sent in the space provided in the Index to help remind you to whom and when each letter was sent.
- ❖ If you are sending a letter to cancel credit, debit or ATM type cards, it may not be necessary to return those cards with the letter. Just simply cut them into small pieces. DO NOT cut up a Union Card, it must be returned.
- ❖ Make a photocopy of each letter and any important document you may have for your records. Many banks provide free photocopying for seniors.

HELPFUL HINTS

- ❖ If the deceased lived alone some letters may be more important than others because of security reasons such as newspaper delivery, mail orders, etc. so that these items will not begin to accumulate at the home of the deceased.
- ❖ The United States Postal Service has its own form that must be completed for mail delivery. Please contact your local Post Office to receive this form.
- ❖ Some of the organizations and institutions listed in the *Caring Organizer* may be satisfied with contact by telephone. If that is the case, then use the letter as a reference to facilitate your conversation.
- ❖ You may need to print additional copies of some form letters if the deceased had multiple accounts with, banks, credit cards, utilities, service providers or insurance companies.

INTERVIEW PROCESS

Please answer the following questions.

Today's Date: _____

Information about you.

Your Name: _____

Your Address: _____

Your City: _____

Your State: _____

Your Zip: _____

Your Phone: _____

Your Social Security No: _____

Your Date of Birth: _____

Information about the Deceased

Deceased Name: _____

Deceased Address: _____

Deceased City: _____

Deceased State: _____

Deceased Zip: _____

Deceased Phone: _____

Deceased Social Security No: _____

Deceased relationship to you: _____

Deceased Date of Birth: _____

Deceased Date of Death: _____

VETERAN'S ADMINISTRATION

TO: Veteran's Administration _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____.

Social Security Number _____; Date of birth _____;

Branch of military _____;

Military identification number and discharge date/status: _____.

My date of birth is _____. My Social Security number is _____.

I am enclosing a certified copy of the death certificate. Please advise me about any and all

Veterans' Administration matters which I as surviving _____ should

Relationship

be aware, and about any benefits to which the deceased or his/her heirs may be entitled.

All future correspondence relative to this claim should be sent to me at the address above or to the following:

Sincerely,

Signature

Print Name Clearly

TRUSTEE /ADMINISTRATOR / EXECUTOR

TO: _____

Date: _____

FROM: _____
Print Name and Address Clearly

_____ *Area Code and Telephone Number*

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*
my _____, on _____.
Relationship Date

I am enclosing a copy of the death certificate and other documents that I assume you will need as administrator/executor/trustee of the estate. Please advise me if you are willing to serve in this capacity and contact me regarding any other relevant information that you need. Also please furnish documentation for all matters that you have handled or are currently handling for the deceased. Please call me to arrange an appointment to discuss the status of estate matters.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

FINANCIAL PLANNER / ACCOUNTANT

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,
Full Name

my _____, on _____.
Relationship Date

The taxpayer I.D. number is: _____. Please advise whether any tax return or
Deceased's Social Security No.

tax payments are due or will be coming due soon, whether any tax refund is due, what, if any,

business or financial matters you are currently handling or have handled in the past for the

deceased, and whether there may be an estate tax return due. If any information is needed, or any

action on my part is required at this point, please provide clear and specific instructions.

The attorney handling the estate is:

Sincerely,

Signature

Print name clearly

ATTORNEY

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

I am enclosing a copy of the death certificate. Please advise any and all actions that need to be taken regarding the will and any applicable codicil(s), any trust agreements in which the deceased is a grantor, trustee, or beneficiary, any real estate holdings, any pending business or business arrangements or contracts, or any other legal matters you may be handling for the deceased. Please advise of any retainer you are currently holding, or any monies currently due you from the deceased or from any of the deceased's holdings. Please advise about probate procedures and requirements, as well as any other documents or information you may need. Feel free to contact me at the number above, or, you may contact the person listed below whom I have appointed to act on my behalf.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

EMPLOYER

TO: Human Resources/Personnel

FROM: _____
Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*
my _____, on _____, *Relationship* *Date*. I am enclosing a copy of
the death certificate.

Please advise me concerning salary, incentives, bonuses, vacation pay, etc., that are due the deceased, as well as the gross amount of salary paid and pertinent deductions since the beginning of the year. I also would like information regarding death or pension benefits and medical insurance information.

If there were personal items belonging to the deceased that need to be removed from his/her office or locker, when would be the most convenient time for those items to be removed? If the deceased had in his/her possession items belonging to you or the Company, please inform me.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

TO: _____

FROM: _____
Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____.
Relationship Date

Social Security No. of Deceased:

Union Identification:

Date of Birth:

Social Security No. of Claimant:

Date of Birth of Claimant:

I am enclosing a copy of the death certificate along with the union card, and proof of my marriage to the deceased. Please advise me how to collect death benefits, survivor benefits, benefits for a dependent parent or child, other benefits available, and any other information you feel may be applicable.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

VOTER REGISTRATION

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Please cancel the voter registration for the deceased.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

BANK / CREDIT UNION / SAVINGS & LOAN

To: _____ From: _____

Date: _____

Area Code and Telephone Number

To Whom It May Concern:

This is to inform you of the death of _____, my _____,
on _____. The following should help in processing the deceased's account information:
Full Name Relationship Date

(1) Deceased's Social Security No: _____ My Social Security No. _____

(2) Account Numbers with your institution: _____,
_____, _____.

I am including a certified copy of the death certificate and proof of my relationship to the deceased.

Please inform me of any and all accounts the deceased had (or had an interest in) with your institution, including safe deposit boxes and certificates of deposit, of any credits or debits involved, any interest that has accrued, etc. Please cancel any cash withdrawal/ATM privileges on accounts of the deceased and remove the deceased's name from any joint accounts.

All future correspondence regarding the deceased's accounts should be sent to me or to the following:

Print Name and Address

Sincerely,

Signature

Print Name Clearly

INVESTMENT MANAGERS / BROKERS/

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, my
Full Name

_____, on _____, my
Relationship Date

Along with a certified copy of the death certificate, I am enclosing proof of my identification and relationship to the deceased. Please send me information concerning all investments held by or for the benefit of the deceased, and remove his/her name from any joint accounts.

I am checking below other specific requests:

___ Cancel all debits or automatic transfers to any accounts in which the deceased had an interest.

___ Close Account No. (s): _____; _____; _____.

___ Please contact the attorney handling the estate: _____

___ Please contact the CPA handling the estate: _____

___ Please provide information about what I need to do to cash or transfer ownership of the following Account No. (s) _____; _____; _____.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

REQUEST FOR CREDIT REPORT

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, my husband/wife, on _____
Full Name

_____. My Social Security number is _____. Please send me a
Date

copy of my current credit report or notify me of what the fee is to obtain a copy of my current credit report and what forms of payment is acceptable.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

.

Sincerely,

Signature

Print Name Clearly

LOANS

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____, I am enclosing
Relationship *Date*

documentation to support my relationship to the deceased. Please send a copy of all loan

agreements, status of the loans, and all future correspondence to me at the address above or to

the following:

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

CREDIT CARDS

TO: _____

Date: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Card No. _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Please cancel the above-referenced credit card. Forward a copy of the final statement to me at the address above, or to the person listed below.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

LEASES AND RENTALS

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*
my _____, on _____, *Relationship* *Date*

He/She resided at: _____
OR

He/She was in business at: _____
OR

He/She held the storage unit at: _____
OR

He/She held the vehicle lease number: _____

Please contact me regarding termination of the rental/lease agreement, or changes that need to be made in the rental/lease agreement. Please advise whether there may be any deposit that is refundable.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

TENANT

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Please inform me of the terms of your lease or rental agreement, the status of any subleases on the property, the status of any repairs made recently or that are in the process of being made, and any other relevant information. All future correspondence and payments should be sent to me at the address above or to the following:

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

LIFE & ACCIDENTAL DEATH INSURANCE

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____, I am writing in
Relationship Date

regard to the _____
Insurance Company Name

Policy No. _____. The deceased's Social Security number is _____.

I am enclosing one or more of the following: ____ Death certificate (please return to me);

____ Insurance policy; ____ Birth certificate or other proof of my relationship to the deceased;

____ Death claim form; ____ Lost policy statement/claim form; ____ Letters testamentary.

Please send me _____, and any other
pertinent information I will need to process the estate of the deceased.

All future correspondence relative to the policy (ies) should be sent to me at the address above or
to the following:

If further information is needed, please provide specific instructions. Thank you for your prompt
attention.

Sincerely,

Signature

Print Name Clearly

MEDICAL / DENTAL INSURANCE

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

Insurance Policy No. _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____, I am including proof of my *Relationship* *Date*

relationship to the deceased and would like to make the following changes in the policy:

___ Cancel the policy as of date of death

___ Transfer the policy to the following: Full Name _____,

Social Security Number _____; Address _____

___ Include the following dependents on the continued coverage:

FULL NAME

ADDRESS

SOCIAL SECURITY #

Please advise me of any deposits or refunds due and send future correspondence regarding this policy to:

Sincerely,

Signature

Print Name Clearly

INSURANCE POLICY CANCELLATION

TO: _____

FROM: _____

Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

Insurance Policy No. _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

I am enclosing a copy of

the policy and/or other documentation regarding the policy. Please cancel this policy and send any
refunds or other correspondence to the following:

If further information is needed, please provide specific instructions. Thank you for your prompt
attention.

Sincerely,

Signature

Print Name Clearly

NEWSPAPER DELIVERY

TO: _____

FROM: _____
Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____.
Relationship Date

Please stop delivery, cancel his/her account, and send final statement, refund, and further correspondence to the following:

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

MAGAZINES

TO: _____

FROM: _____

Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____.
Relationship Date

(Indicate which applies)

___ Please cancel the subscription and forward any applicable deposit or refund to me at the address above. ___ Remove the deceased's name from all future mailing lists. ___ Please continue mailings but address them to:

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

UTILITIES - Gas, Electric, Oil, Water & Sewage

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

Account No. _____

Address: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

This is a request for (*indicate which applies*): ___ Cancellation; ___ Transfer of service to another name; ___ Change in billing address. Future correspondence regarding this account should be sent to me at the address above or to the following: (Name and address)

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

INTERNET PROVIDER - Cable, Satellite, & Phone

TO: _____

FROM: _____
Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

Account No. _____

Address: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*
my _____, on _____.
Relationship Date

This is a request for (*indicate which applies*): ___ Cancellation; ___ Transfer of service to another name; ___ Change in billing address. Future correspondence regarding this account should be sent to me at the address above or to the following: (Name and address)

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

HOME SECURITY COMPANY

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

Account No. _____

Address: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____.
Relationship Date

This is a request for (*indicate which applies*): ___ Cancellation; ___ Transfer of service to another name; ___ Change in billing address. Future correspondence regarding this account should be sent to me at the address above or to the following: (Name and address)

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

VEHICLE MAINTENANCE

To: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____.
Relationship Date

The following information may be helpful to you in identifying and processing the deceased's account:

Account No(s): _____

Vehicle Make/Model/Year/Serial No. _____

Please advise on any or all of the following that may be applicable regarding the above-referenced vehicle(s): continuation of service maintenance on the vehicle(s), transferring account to another name and billing address, whether any extended warranties currently exist on the above-referenced vehicles, whether any deposit or refund is due if the account is cancelled, when the next regularly scheduled maintenance should occur, what the proper operation and maintenance of each vehicle should be, and any other you feel is pertinent.

If further information is required, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,
Full Name

my _____, on _____.
Relationship Date

Please advise on any and all of the following that may be applicable: Whether there are any survivor's rights, whether there is any overpayment for which a refund is due. Please cancel the membership and remove the deceased's name from your mailing list. Please discontinue all prepaid prescriptions, if applicable.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

SERVICE CLUBS

TO: _____

FROM: _____

Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____.
Relationship Date

Please cancel the deceased's membership and advise whether there is any past due amount owed, or whether there is any applicable deposit or refund due. Additionally, if you are in possession of any items belonging to the deceased, or if the deceased was in possession of any records or items belonging to the association/organization/club, please advise the most convenient time and way for all items to be returned.

If you need more information, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

ASSOCIATIONS / ORGANIZATIONS

TO: _____

FROM: _____

Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*

my _____, on _____.
Relationship Date

Please cancel the deceased's membership and advise whether there is any past due amount owed, or whether there is any applicable deposit or refund due. Additionally, if you are in possession of any items belonging to the deceased, or if the deceased was in possession of any records or items belonging to the association/organization/club, please advise the most convenient time and way for all items to be returned.

If you need more information, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

HEALTH / SPORTS CLUB MEMBERSHIP

TO: _____

FROM: _____

Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Please advise me on any and all of the following which may be applicable: whether the membership may be transferred to another party, and if so, how? How may the billing address be changed? Is there any applicable deposit/refund due, or any payment to you that is past due? What is required to cancel the membership and remove the deceased's name from your files? If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

HOMEOWNERS ASSOCIATION

TO: _____

FROM: _____

Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Please advise on any and all of the following which may apply: how to transfer the membership to another party; how to change the billing address; how to cancel the membership; whether there is any deposit/ refund applicable; how to remove the deceased's name from your files/records.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

CANCELLATION OF DRIVER'S LICENSE

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

I am enclosing the deceased's driver's license. Please cancel the license and confirm with me at the above address. Please advise me of any outstanding tickets/citations or fines due under the license.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

DOCTOR / HOSPITAL / HEALTH CLINIC

TO: _____

FROM: _____
Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,
Full Name

my _____, on _____.
Relationship Date

Please cancel any previously scheduled appointments, send a final statement of the deceased's account if applicable, and notify me of any refund that is due. Discontinue all prescriptions (prepaid or otherwise) for the deceased. Please send copies of the deceased's medical records for our family health record. All correspondence regarding the deceased's account should be sent to me at the address above or to the following:

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

DENTIST

TO: _____

FROM: _____
Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*
my _____, on _____.
Relationship Date

Please cancel any previously scheduled appointments, send a final statement of the deceased's account if applicable, and notify me of any refund that is due. Discontinue all prescriptions (prepaid or otherwise) for the deceased. Please send copies of the deceased's records for our family health record. All correspondence regarding the deceased's account should be sent to the following:

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

PHARMACY

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

Account No. _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Please cancel or discontinue all prescriptions (prepaid and otherwise) for the deceased. If applicable, please send a final statement of the account, and forward any applicable deposit or refund.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

VETERINARIAN

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

Account No. _____

PetName _____

Type/Breed: _____

To Whom It May Concern:

This is to inform you of the death of this pet's owner, _____

Full name

my _____ on _____.

Relationship

Date

Please advise what vaccinations/inoculations may be due, what special health problems/needs the pet may have, what special dietary needs the pet may have, what may be done if the pet is showing signs of depression or anxiety over its owner's death, what adoption agencies you feel are best should that be necessary, when the next license renewal is, and any other information you feel may be necessary. Please advise whether there is a standing appointment for the pet and send a final statement of the account forwarding any applicable deposit or refund to me at the address above.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

ENTERTAINMENT TICKETS

{Theatre, concert, sports}

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Regarding unused ticket number(s) _____, please advise me on any and all of the following that may be applicable: how to transfer to another party; how to change the billing address; how to change the method of payment. I may wish to return the unused tickets. Please advise whether a refund or deposit would be due in that case, and advise where and to whom the tickets should be returned.

If further information is required, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

TRAVEL AGENT

TO: _____

FROM: _____
Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

Account No. _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*
my _____, on _____.
Relationship *Date*

Please advise on any and all of the following which may be applicable: whether existing travel arrangements may be transferred to another person, how to cancel any previously scheduled trips, how to return any tickets which may have been in the possession of the deceased, how to obtain a final statement of the account, whether there is any deposit or refund which may be due.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

PARKING PERMIT / HIGHWAY or TRAVEL PASS

TO: _____

FROM: _____
Print Name and Address Clearly

_____ *Area Code and Telephone Number*

Date: _____

Permit No. _____

To Whom It May Concern:

This is to inform you of the death of _____, *Full Name*
my _____, on _____.
Relationship Date

Please cancel the pass/permit and forward any applicable deposit or refund to me at the address above.

Please discontinue all mailings to the deceased.

If further information is required, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print name clearly

MISCELLANEOUS

TO: _____

FROM: _____

Print Name and Address Clearly

Area Code and Telephone Number

Date: _____

To Whom It May Concern:

This is to inform you of the death of _____,

Full Name

my _____, on _____.

Relationship

Date

Please: _____

_____.

If further information is needed, please provide specific instructions. Thank you for your prompt attention.

Sincerely,

Signature

Print Name Clearly

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