

Declaration of Death of Insured

Date: [Insert Date]

To,

[Insurer's Name]

[Insurer's Address]

[City, State, ZIP Code]

Subject: Declaration of Death of Insured - Policy No: [Insert Policy Number]

Dear [Insurer's Name],

I am writing to formally notify you of the death of the insured, [Name of the Insured], who held the policy number [Insert Policy Number] with your company. The insured passed away on [Date of Death] due to [Cause of Death].

Attached are the necessary documents including the death certificate and any required forms to facilitate the claim process.

Please let me know if you need any further information or additional documentation from my side.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]