

# Notification of Insured's Death

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Claims Department],

I am writing to formally notify you of the death of [Insured's Full Name], who held policy number [Policy Number]. The insured passed away on [Date of Death].

We request that you initiate the claims process for the policy benefits. [Insured's Name] was dearly loved and will be missed.

Attached are the necessary documents, including a certified copy of the death certificate and a completed claims form.

If you require any further information or documentation, please do not hesitate to contact me at the above number or email.

Thank you for your attention to this matter.

Sincerely,

[Your Name]