

Wrongful Death Claim Letter

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Medical Facility/Provider's Name]

[Medical Facility/Provider's Address]

[City, State, Zip Code]

Subject: Wrongful Death Claim - [Deceased's Name]

Dear [Recipient's Name],

I am writing to formally notify you of a wrongful death claim resulting from the alleged medical malpractice involving [Deceased's Name], who passed away on [Date of Death] as a consequence of negligent medical treatment provided by your staff.

Details of the Claim:

- **Date of Incident:** [Incident Date]
- **Nature of Alleged Negligence:** [Brief Description of Malpractice]
- **Impact on Survivor(s):** [Brief Description of Emotional and Financial Impact]
- **Expected Damages:** [Estimated Amount in Damages]

Attached are relevant documents substantiating this claim including [list any relevant medical records, expert opinions, death certificate, etc.]. I request that your office respond to this claim within [Insert Time Frame, e.g., 30 days].

Thank you for your immediate attention to this serious matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]