Notice to Deceased's Vehicle Insurance Company

Date:
[insert insurance company name and address]
Name of deceased:
Deceased's address:
Date of death:
Vehicle insurance policy number:
Make, model, and year of vehicle:
This letter is to notify you that your insured,
Please contact me so that we may discuss this matter. I can be reached using the information below. Please sign and return the second copy of this letter in the enclosed stamped and self-addressed envelope.
Thank you for your assistance.
Signature:
Printed or typed name:
Relationship to deceased:
Address:

Home phone:	Work phone:
Email:	
Receipt acknowledged by	
Signature:	
Printed or typed name:	
Title:	
Date:	