

## NOTIFICATION OF DEATH

<input type="checkbox"/> <b>Experian</b>	<input type="checkbox"/> <b>Equifax</b>	<input type="checkbox"/> <b>TransUnion</b>
P.O. Box 9701 Allen, TX 75013	Equifax Information Services LLC Office of Consumer Affairs PO Box 105139 Atlanta, GA 30348	P.O. Box 2000 Chester, PA 19022

### REQUEST FOR “DECEASED. DO NOT ISSUE CREDIT.” NOTATION

Please place a notation for “Deceased. Do Not Issue Credit.” on the decedent’s account.

Name of Decedent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Decedent’s Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### REQUESTING PARTY INFORMATION

My current contact information is as follows:

Name of Requesting Party: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### RELATIONSHIP TO DECEDENT & MY PROOF OF AUTHORITY

- I am the decedent’s surviving spouse. Attached is a copy of my marriage certificate.
- I am the court-appointed representative of the estate. Attached is proof of my appointment.
- Other: \_\_\_\_\_.

### REQUEST FOR CREDIT REPORT

- Please send a copy of decedent’s current credit report to me at the above noted address.
- Attached is my proof of relationship to the decedent and proof of my authority for this request.

Signature \_\_\_\_\_

Date: \_\_\_\_\_