



URGENT and IMPORTANT: Task 1 of 4

Telephone Script for High Priority Tasks

Due to urgency and confidentiality, contact these entities first by phone. You will need to provide the decedent's social security number and additional confidential information. Go online (or ask someone to do this for you) to find the most updated phone numbers.

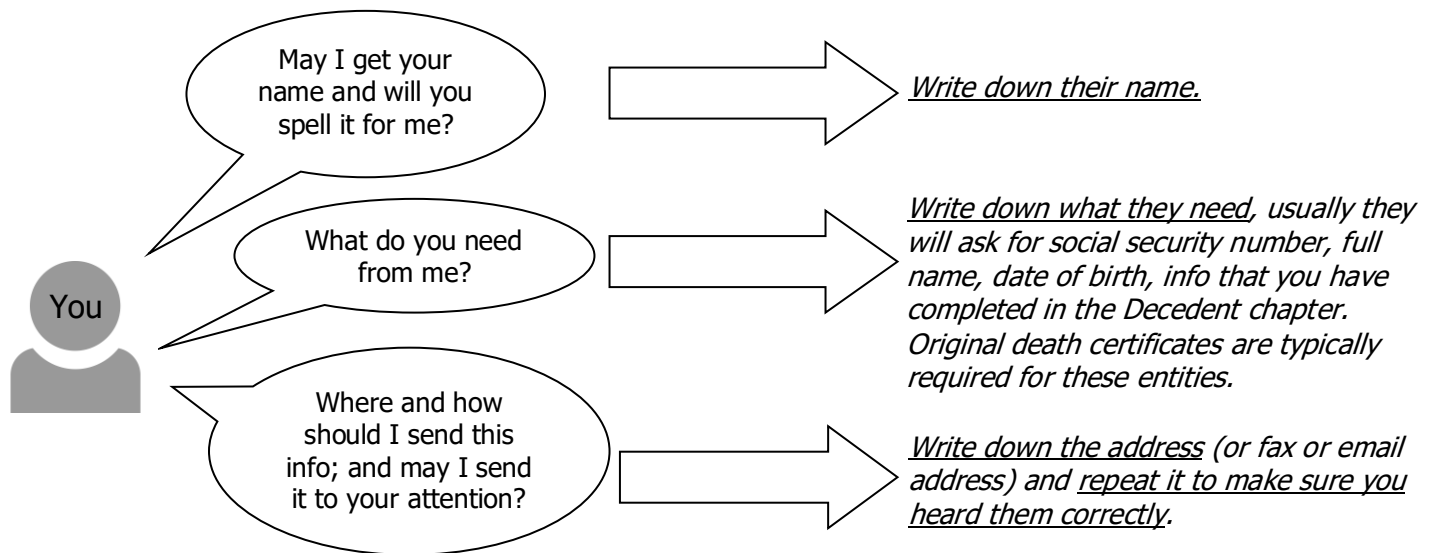
examples of urgent/important notification, add/edit/delete as necessary:

former Employers	Insurance – Life, Disability, Dental, Umbrella	Social Security Association (SSA)	Veteran's Affairs (VA)
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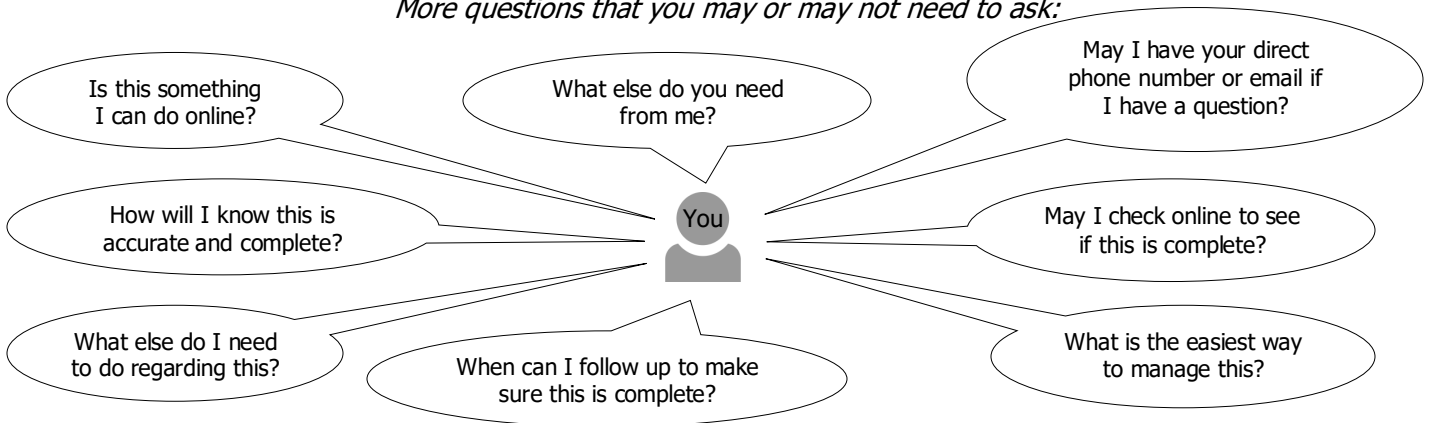
Do all you can to talk to someone immediately. *Sometimes when you call a business, if you press "0", it leads you straight to a live person, it is worth a shot.* Keep track of your phone calls in the Notes section: **write down** the **date**, the **time** you called, the **person(s) name(s)** who helped you, mark your calendar if you need to **follow up**.

HINT: Never assume someone will call you back (even if they say they will) follow the script here:

When you find someone who can help you, say this:



More questions that you may or may not need to ask:





URGENT and IMPORTANT: Task 2 of 4

Cancel and Change Household Services and Accounts

Double check to make sure you have the most recent and accurate address of the creditors and service providers.

Steps:

1. Complete the information in the boxed area below.
2. Make enough copies for all creditors, service providers and other recipients.
3. Complete information specific to each account and sign.
4. Make a copy of each completed letter for your records.
5. Enclose a copy or original death certificate.
6. Mail letter to appropriate entity.

Examples of financial commitments, add/edit/delete as necessary

AARP	electricity – utilities	internet provider	ongoing donations	recycling
alumni organizations	extended care leases	landlord	pest control	rentals (furniture/appliances)
auto club	fraternal organizations	leases	pharmacist	social clubs
bank/credit union accounts	gas – utilities	loans	physicians - all	telephone(s)
cable – utilities	groundskeeper	magazines	pool/spa service	tenants/renters
Certificates of Deposits (CDs)	health club	Meals on Wheels /food delivery	post office box rental	trash
community center	home/health aide	Medicaid	prepaid electronic toll passes (in vehicle)	union
credit cards	home security system	Medicare	professional memberships	veterinarian
dentist	homeowner's /renter's insurance	monthly bills	property managers	voter registration
driver's license	homeowner's association	mortgages	public library	water - utilities
educational institutions	insurance - vehicles	newspapers		

TO (name, address):

Complete the information below, then make copies to complete TO: info for each creditor or service provider you contact.

From (your name and address):	Effective date (date of death):	Enclosed is (check one): <input type="checkbox"/> copy of death certificate <input type="checkbox"/> an original death certificate
Regarding account:	Decedent name:	
This letter serves as notification of the death of my <input type="checkbox"/> parent <input type="checkbox"/> sibling <input type="checkbox"/> spouse <input type="checkbox"/> other _____		
Please (check one) <input type="checkbox"/> cancel <input type="checkbox"/> remove from account from the following location (if applicable, use full address):		
Please send final bill, refund or additional requirements and forms to me at the above From box. If you have questions or need more information, please call me at (phone number):		
Sincerely, (signature)	Your name printed:	Date:

Keep a copy of the completed and signed letter for you and/or your attorney.

Interactive forms available online at www.HelpingSurvivorsManage.com



URGENT and IMPORTANT: Task 3 of 4

Notify Credit Reporting Agencies

Double check to make sure you have the most recent and accurate address of the credit reporting agencies.

Steps:

1. Complete the information in the boxed area below.
2. Make three copies of the letter (one for each agency).
3. Sign each letter.
4. Circle one agency, cross off the other two for each of the three agencies.
5. Make a copy of each letter for your records.
6. Enclose copy of death certificate.
7. Mail to appropriate agency.

TransUnion
PO Box 2000
Chester, PA 19022

Experian
PO Box 4500
Allen, TX 75013

Equifax
PO Box 740256
Atlanta, GA 30374-0256

Complete the information below, then make copies to complete TO: info for each creditor or service provider you contact.

From (your name and address):	Effective date (date of death):	Enclosed is (check one): <input type="checkbox"/> copy of death certificate <input type="checkbox"/> an original death certificate
Decedent full name:		
Other names that may appear in records (nicknames, former married names, maiden names):		
This letter serves as notification of the death of my <input type="checkbox"/> parent <input type="checkbox"/> sibling <input type="checkbox"/> spouse <input type="checkbox"/> other _____		
Please place a notation for Deceased. Do Not Issue Credit on the decedent's account. We request that you make this change effective immediately.		
Last address:		
Previous addresses:		
Social Security Number:	Date of birth:	
Sincerely, (signature)	Your name printed:	Date:
For questions, or if you need more information, please contact me at (phone number, email):		

