

Notification of Death

<input type="checkbox"/> Experian <input type="checkbox"/> Phone: 888.397.3742 <input type="checkbox"/> Address: P.O. Box 9701 Allen, TX 75013	<input type="checkbox"/> Equifax <input type="checkbox"/> Phone: 800.525.6285 <input type="checkbox"/> Address: P.O. Box 105069 Atlanta, GA 30348	<input type="checkbox"/> TransUnion <input type="checkbox"/> Phone: 800.680.7289 <input type="checkbox"/> Address: P.O. Box 6790 Fullerton, CA 92834
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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: _____

Date of Birth: _____ Date of Death: _____ Social Security Number: _____

Requesting Party Information

My current contact information is as follows:

Name of Requesting Party: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Decedent & My Proof of Authority

- My relationship to the decedent and proof of my authority for this request is as follows:
- I am 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: _____

Relationship to Decedent & My Proof of Authority

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

Signature: _____ Date: _____

