

NOTIFICATION TO CREDIT REPORTING AGENCY

1. Credit Agencies: Check the box for each Credit Reporting Agency you wish to send this notification. *

<input type="checkbox"/> Experian P.O. Box 9701 Allen, Texas 75013	<input type="checkbox"/> Equifax P.O. Box 105069 Atlanta, Georgia 30348	<input type="checkbox"/> TransUnion P.O. Box 6790 Fullerton, CA 92834
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2. Identification Information: Fill in the information below for both yourself as a Requesting Party and for the Decedent.

<u>Requesting Party</u>	<u>Decedent</u>
Name: _____	Name: _____
Address: _____ _____	Date of Birth: _____
Phone Nos.: _____ (w) _____ (h)	Location of Birth: _____
	Date of Death: _____
	Social Security Number: _____

3. Prior Addresses of Decedent. List the addresses of all residences of the Decedent of the past five years starting with the most recent:

(a) _____
(b) _____
(c) _____
(d) _____

4. Relationship of Requesting Party to Decedent: Please identify your relationship to the Decedent.

Spouse Personal Representative of Estate* Trustee of Trust

Other: _____

5. Directions to Credit Agency: Initial each request you wish to make to the Credit Agency receiving this Notification.

_____ Post on the Decedent's credit report: "Deceased. Do Not Issue Credit."
_____ Please forward to me at the address listed above a current copy of the Decedent's Credit report.

Date: _____

Signature of Requesting Party

- *Attachments: Death Certificate
 Probate Letters (If personal representative of the estate)
 Certificate of Trust (If Successor or Trustee)