

From: (your name, complete address, phone, e-mail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: (name address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*use this termination form for financial commitments:  
(circle the applicable reference)*

auto club	gas - utilities	loans	prepaid electronic toll passes (in vehicle)
bank accounts	groundskeeper	magazines	professional memberships
cable	health club	Meals on Wheels	recycling
Certificates of Deposit (CDs)	home health aide	monthly bills	rentals (furniture/appliances)
credit cards	home security system	mortgages	social clubs
creditors	homeowner's / renter's insurance	newspapers	telephone(s)
driver's license	homeowner's association	ongoing donations	trash
educational institutions	internet provider	pest control	union
electricity	landlord	pharmacy	vehicle insurance
extended care facility	leases	pool/spa service	water

Regarding: **Account** \_\_\_\_\_

To Whom It May Concern:

This letter serves as notification of the death of my  parent  sibling  spouse  other \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
decedent full name month, date, year

Please cancel (or remove from joint account) \_\_\_\_\_  
type of service/account/agreement/lease/subscription

\_\_\_\_\_ service(s)/account(s) at the following location  
account number

\_\_\_\_\_ decedent address, city, state, zip

Effective Date \_\_\_\_\_. Please send final bill or refund to me at the above return address. For questions, or if you need more information, please contact me at

\_\_\_\_\_ phone number other phone e-mail

Sincerely,

\_\_\_\_\_ your signature

\_\_\_\_\_ your name, printed

Enclosed is: (check one)

- a copy of the death certificate
- an original death certificate

**keep a copy of the completed and signed letter for you and/or attorney**

**you are free to copy this form**  
you can also share this and/or download the form at  
[www.HelpingSurvivorsManage.com](http://www.HelpingSurvivorsManage.com)

