

INVESTORS HERITAGE *Life Insurance Company*

P. O. BOX 717
FRANKFORT, KENTUCKY 40602

DEATH CLAIM STATEMENT

(To be completed by Creditor)
with Death Certificate attached

NAME OF INSURED _____

LAST ADDRESS OF INSURED _____

OCCUPATION AT DEATH _____ DATE OF DEATH _____

POLICY NO. _____ DATE OF POLICY _____ TERM OF POLICY _____

ORIGINAL AMOUNT OF POLICY _____

OF INSTALLMENTS DUE SINCE DATE INSURED:

_____ @ _____ = _____

OF EXTENSIONS OR DELINQUENT PAYMENTS (IF ANY) _____

GROSS BALANCE DUE _____

NET BALANCE DUE (FOR WHICH CLAIM IS MADE BY CREDITOR) _____

AMOUNT DUE SECOND BENEFICIARY _____

NAME OF SECOND BENEFICIARY _____

NAME & ADDRESS OF CREDITOR _____
(First Beneficiary)

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNED BY _____ OFFICIAL POSITION _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19 _____

NOTARY _____

My Commission Expires _____