

**MEMO**  
**DEATH OF BENEFICIARY**  
**CERTIFICATION OF FULFILLMENT OF CONTRACT**

TO: Escrow Agent c/o Abbit Management Corp.  
P.O. Box 267  
Grand Haven, Michigan 49417

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
CONTRACT PROVIDER

CONTRACT BENEFICIARY: \_\_\_\_\_

Pursuant to the Pre-paid Contract(s) dated \_\_\_\_\_

Reference # \_\_\_\_\_

As the Contract Provider, we have provided all or certain goods or services as required by the contract. If the pre-paid contract is a Non-Guaranteed contract, a current Statement of Funeral/Cemetery Goods & Services is provided, pursuant to our current General Price List (as prescribed by Federal Trade Commission Rule set out at 16 CFR Part 453). To the best of my knowledge, there are no claims or disputes or allegations by the beneficiary's next of kin or legal representative(s) about those goods/services.

Under this certification, please forward to Contract Provider:

- All funds in the Escrow Account (*this will close this account*)
- \$ \_\_\_\_\_ from Escrow Account

Contract Provider: \_\_\_\_\_  
PRINT NAME

Provider Address: \_\_\_\_\_  
CITY STATE ZIP CODE

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
Contract Provider

**ACKNOWLEDGEMENT**  
**DEATH OF CONTRACT BENEFICIARY**

I hereby certify that I am the authorized representative of the Contract Beneficiary of the above referenced pre-paid contract, and further certify that the named beneficiary died \_\_\_\_\_.

DATE OF DEATH

To the best of my knowledge, the Provider has performed all of its obligations under the pre-paid contract.

Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_  
Authorized Representative