

MEMO
DEATH OF BENEFICIARY
CERTIFICATION OF FULFILLMENT OF CONTRACT

TO: Escrow Agent c/o Abbit Management Corp.
16986 Robbins Rd Ste 100
Grand Haven, Michigan 49417
Fax: 800-842-9075

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