From: (your name, complete ad		complete the comake three comake three comakes as sign each less concludes comakes a copy of the complete the comake a copy of the complete the	this form to notify the three credit reporting agencies: complete the decedent's information completely make three copies of the letter (one for each agency) a. sign each letter b. circle one agency, cross off the other two for each of the three agencies c. make a copy of each letter for your records enclose copy of death certificate mail to appropriate agency		
TransUnion* PO Box 2000 Chester, PA 19022 Phone:800.916.8800 Fax: 610.546.4771	•			Equifax* PO Box 740256 Atlanta, GA 30374-0256 Phone: 800.685.1111 Fax: 866.313.7122	
Date:					
To Whom It May Concern:					
This letter serves as notification	of the death of my □ pa	rent □ sibling □] spouse □ other		
on					
month, date, year	·				
Please make the change to sho effective immediately. Here is th		n your records. W	e request that you make this	change	
Full Name:	it full name				
deceder	it full name				
other names that may appear in		names, maiden n	ames, former married names		
Last Address:					
Previous Address:					
Social Security Number:					
For questions, or if you need mo	ore information, please co	ontact me at			
phone number	other phone		e-mail		
Sincerely,					
your name, printed		your signat	ure		
		Fnclo	sed is a conv of the death cer	tificate	

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

^{*}Addresses and phone numbers change frequently, please <u>double check these addresses</u> with the letters provided on the **www.HelpingSurvivorsManage.com** website to make sure you have the most recent "accurate" address.

Side note: Dealing with credit reporting agencies may be difficult and time consuming.