

Notice of Identity Theft - Affidavit of Fact:

Sent credit report request via (include all that apply):

e-mail fax mail (certified return receipt requested no.) _____

To (Name of company): _____

Investigator: _____

Address: _____

Other contact info: _____

Today's Date: _____

I have become aware that _____ (deceased's name)
has become a victim of identity theft.

Person reporting the fraud: (documentation of relationship attached, if appropriate)

My Name: _____

Address (city/state/zip): _____

Phone Number (daytime/evening/cell) _____

Email address: _____

Relationship to Deceased: _____

As the _____ (relationship to deceased), I am notifying you that the following
person died and that they appear to have been a victim of identity theft, financial fraud or false
personation.

Information about the deceased: (copy of death certificate attached)

- Full legal name of deceased: _____
 - Date and time of death: _____
 - Date of birth: _____
 - Location of birth: _____
 - Social Security number of deceased: _____
 - Five year address history (most current one first): _____
- _____

How I Became Aware of the Fraud: (Check all that apply)

- Received collection notice, bill, credit card for the deceased
- Reviewed reports from credit reporting agencies
- Notification from law enforcement, governmental agency
- Information from family member/friend/attorney with direct knowledge of the crime
- Other: (be specific) _____

How the Fraud Occurred: (Check all that apply)

- To my knowledge _____ (name of deceased) did not authorize anyone to use his/her name or personal information while alive to seek employment or to seek the money, credit, loans, goods or services described in this report.
- _____ (name of deceased) did not receive any benefit, money, goods or services as a result of the events described in this report.
- _____ (name of deceased) identification documents (i.e., credit cards; check; birth certificate; driver's license; Social Security card/number, etc.) were **stolen** were **lost** on or about _____ (day/month/year)
- Credit was issued or checks were written after the time/date of death.
- the crime occurred after the time/date of death.
- the deceased was unable to (i.e. apply for credit, make a purchase, drive, work) on the indicated date as that person was (situation: in a coma, in the hospital in critical condition, mentally incapacitated, etc). Medical documentation of this condition is attached.
- I have proof that the following person(s) may be involved in this false personation/identity theft (only fill out if you are certain).

Name (if known) _____
Address (if known) _____
Phone number(s) (if known) _____
additional information (e.g. relationship) _____

Name (if known) _____
Address (if known) _____
Phone number(s) (if known) _____
additional information (if known) _____

A report has been made with the following police/sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that by checking here _____.

Name of agency: _____

Name of investigator if known: _____

Contact information for law enforcement: _____

Report Number: _____

Signature of provider of information Date

I declare under penalty of perjury that this declaration is true and correct to the best of my knowledge. I understand that submitting false information on this affidavit could subject me to criminal prosecution for perjury.

Attachments:

- ____ Police report - if available
- ____ Death Certificate (or copy)- required
- ____ Power of Attorney – if appropriate
- ____ Proof that requester is Executor or Trustee of estate – if appropriate
- ____ Proof of relationship – if appropriate
- ____ Medical documentation.