

Your First Name _____ Last Name _____

Your Street Address _____

City _____, ST _____, ZIP Code _____

Date: //

Equifax

Attn: Equifax Dispute Department

PO Box 740256

Atlanta, GA 30374

Dear Equifax,

The purpose of this letter is to request the closing of the credit record for the late Name of Deceased

_____. To begin this process, I'm providing you with a copy of the death certificate and other details about the deceased:

Name of Deceased _____

Date of Birth: //

Date of Death: //

Social Security Number: --

Most Recent Address:

Street Address _____

City _____, ST _____, ZIP Code _____

If you need more information to complete my request, please don't hesitate to contact me at phone number. --

email address. _____

the address listed at the top of this letter.

Sincerely,

Your Name _____

Relationship to Deceased Spouse, etc. _____



Prudential