



Physicians Mutual®

Insurance for all of us.™

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131-2671
Fax: (402)-633-1604

For Use When Beneficiary Predeceases the Insured – No Estate

I, \_\_\_\_\_ with \_\_\_\_\_ certify the legal
(Funeral Home Rep) (Funeral Home Name)

next of kin for \_\_\_\_\_, are in order of succession, based on information provided
(Insured)

by \_\_\_\_\_, on \_\_\_\_\_.
(Name of Person Handling Affairs) (Date)

Please provide information as applicable.

1. Surviving Spouse's Name, Address and Phone Number:

\_\_\_\_\_

If no surviving spouse, go to number 2.

2. Surviving Children's Names, Addresses and Phone Numbers: (If additional children, please attach.)

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

If no surviving children, go to number 3.

3. Surviving Parents' Names, Addresses and Phone Numbers:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

If no surviving parents, go to number 4.

4. Surviving Siblings' Names, Addresses and Phone Numbers: (If additional siblings, please attach.)

Sibling 1: \_\_\_\_\_

Sibling 2: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_
(Signature of Funeral Home Representative) (Date)

I, a Notary Public in the state of \_\_\_\_\_, County of \_\_\_\_\_, do hereby certify that the
person(s) whose name is signed, personally appeared before me, and provided the foregoing information voluntarily
on this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ (Notary Public)

My commission expires: \_\_\_\_\_

THIS FORM IS NOT USED FOR CLAIM PROCESSING