

**LINCOLN MEMORIAL LIFE INSURANCE
COMPANY, MEMORIAL SERVICE LIFE
INSURANCE COMPANY AND NATIONAL
PREARRANGED SERVICES, INC.
In Receivership**

**1250 Capital of Texas Hwy S.
Building 1, Suite 470
PO Box 160050
Austin, Texas 78716
Office: (512) 328-0075
Toll Free: (800) 334-3851
Fax: (512) 328-0072**

VERIFIED STATEMENT OF PERFORMANCE

_____ Funeral Home hereby verifies and certifies that with respect to the prearranged funeral contract entered with _____ account number _____, as follows:

1. That all services and merchandise have been performed and provided in the prearranged funeral contract.
2. Attached is a copy of the death certificate of said contract purchaser.
3. If applicable, purchaser or a successor has paid or has agreed to pay Funeral Home the balance due, if any, which was due on the prearranged funeral contract at the date of death.

We request the funds be released to: _____

The above statements are hereby verified before the witness by the above named funeral home.

Date

Funeral Home

Print Next of Kin Name

Print Funeral Director's Name

Next of Kin Signature

Funeral Director's Signature