



LINCOLN MEMORIAL LIFE INSURANCE COMPANY
MEMORIAL SERVICE LIFE INSURANCE COMPANY
NATIONAL PREARRANGED SERVICES, INC.
IN RECEIVERSHIP

as of 9/1/2023 claims will be handled by the above-named guaranty association

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