

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Adjuster Name]

[Insurance Company Name]

[Address]

[City, State, Zip Code]

Re: NOTICE OF DEMAND FOR SETTLEMENT

Claimant: [Estate Name/Heirs Name]

Decedent: [Deceased Person's Name]

Insured: [Name of At-Fault Party]

Claim Number: [Claim Number]

Date of Loss: [Date of Incident]

Dear [Adjuster Name],

This letter serves as a formal demand for settlement regarding the wrongful death of [Decedent's Name], which occurred on [Date] as a direct result of the negligence of your insured, [Insured Name].

Statement of Facts

[Provide a detailed description of the incident, including how the accident happened and how the insured was at fault.]

Liability

[Explain why the insured is legally responsible. Reference police reports, witness statements, or traffic laws violated.]

Economic Damages

As a result of this tragedy, the estate and heirs have incurred the following financial losses:

- Medical expenses prior to death: \$[Amount]
- Funeral and burial expenses: \$[Amount]
- Loss of future expected earnings: \$[Amount]
- Loss of household services: \$[Amount]

Non-Economic Damages

The heirs of [Decedent's Name] have suffered immense emotional trauma, including:

- Loss of companionship, guidance, and protection.

- Pain and suffering endured by the decedent prior to death (Survival Claim).
- Mental anguish and emotional distress of the surviving family members.

Settlement Demand

In light of the clear liability and the profound nature of this loss, the Claimant hereby demands the sum of \$[Total Demand Amount] to settle all claims against your insured. This offer is made for the purpose of settlement only.

Please provide a written response to this demand within [Number, e.g., 30] days of receipt. We look forward to resolving this matter promptly.

Sincerely,

[Signature]

[Typed Name]