[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Adjuster Name/Legal Representative]
[Insurance Company/Nursing Home Name]
[Address]
[City, State, Zip Code]

RE: NOTICE OF SETTLEMENT DEMAND
Claimant: [Estate of Deceased Name]
Facility: [Name of Nursing Home]
Date of Incident/Death: [Date]
Claim Number: [Number if known]

Dear [Name],

This letter serves as a formal demand for settlement regarding the wrongful death of [Deceased Name] due to the negligence and neglect of [Nursing Home Name] and its staff. [Deceased Name] was a resident at your facility from [Start Date] until their untimely death on [Date].

I. Facts of the Case
[Provide a detailed chronological account of the neglect. Include specific instances of failure to provide care, such as failure to monitor, medication errors, untreated bedsores, dehydration, or falls. Mention specific dates and staff members involved if known.]

II. Liability
[Nursing Home Name] owed a duty of care to [Deceased Name] to provide a safe environment and necessary medical attention. Your facility breached this duty by failing to follow established protocols and state/federal regulations. But for the negligence of your staff, [Deceased Name] would not have suffered the injuries that led to their death.

III. Medical History and Causation
[Describe the medical complications caused by the neglect. Link the neglect directly to the cause of death as listed on the death certificate or medical examiner's report.]

IV. Damages
The estate and survivors of [Deceased Name] have suffered significant damages, including but not limited to:
- Medical expenses incurred prior to death
- Funeral and burial expenses
- Pain and suffering endured by the deceased prior to death

- Loss of companionship, guidance, and support for the survivors
- [Other applicable damages]

V. Settlement Demand
In light of the clear liability and the profound loss suffered by the family, we hereby demand the sum of $[Dollar Amount] to settle all claims against [Nursing Home Name].

This offer remains open for [Number] days from the receipt of this letter. We look forward to your prompt response to resolve this matter without the need for protracted litigation.

Sincerely,

[Your Signature]
[Your Printed Name]