

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Adjuster Name/Legal Counsel Name]

[Insurance Company/Hospital Name]

[Address]

[City, State, Zip Code]

RE: NOTICE OF SETTLEMENT DEMAND

Claimant: [Estate of Deceased Name, by Personal Representative Name]

Decedent: [Full Name of Deceased]

Insured/Provider: [Doctor or Hospital Name]

Date of Incident: [Date]

Claim Number: [Claim Number]

Dear [Name],

This letter serves as a formal demand for settlement regarding the wrongful death of [Decedent's Name] resulting from medical malpractice committed by [Provider Name].

I. Statement of Facts

[Provide a chronological timeline of the medical care. Detail the date of admission, the symptoms presented, the treatment provided, and the specific errors or omissions that occurred.]

II. Breach of Standard of Care

[Explain how the provider failed to meet the accepted medical standard of care. Reference specific failures, such as misdiagnosis, surgical error, medication error, or failure to monitor.]

III. Causation

[Clearly link the breach of care directly to the death of the patient. State how the negligence was the proximate cause of the fatal outcome.]

IV. Damages

The estate and the surviving heirs have suffered significant losses, including but not limited to:

- **Medical Expenses:** Total costs incurred prior to death: \$[Amount]

- **Funeral and Burial Expenses:** \$[Amount]
- **Loss of Earnings:** Projected future income and financial support: \$[Amount]
- **Non-Economic Damages:** Loss of companionship, guidance, consortium, and mental anguish of the survivors.
- **Conscious Pain and Suffering:** The physical and emotional pain suffered by the decedent prior to death.

V. Settlement Demand

Based on the clear liability and the extensive damages outlined above, the Estate of [Decedent's Name] hereby demands the sum of **\$(Demand Amount)** to fully and finally settle all claims.

This offer shall remain open for [Number] days from the date of this letter. We look forward to your prompt response.

Sincerely,

[Signature]

[Printed Name]

Enclosures:

[List items such as Medical Records, Death Certificate, Expert Reports, Itemized Bills]