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

[Date]

[Recipient Name/Insurance Adjuster Name]
[Insurance Company Name/Defendant Name]
[Address]
[City, State, Zip Code]

RE: NOTICE OF REPRESENTATION

Claimant(s): [Name of Estate Representative/Heirs]
Decedent: [Name of Deceased]
Date of Incident: [Date]
Claim/Policy Number: [Number if known]

To Whom It May Concern:

Please be advised that this office represents the interests of [Name of Estate Representative] and the heirs of [Name of Deceased] in connection with the wrongful death claim resulting from the incident occurring on [Date].

This letter serves as formal notice of our representation. We request that you direct all future correspondence, inquiries, and negotiations regarding this matter exclusively to our office. Please do not contact our clients directly.

We further request that you provide a copy of any applicable insurance policies, declarations pages, and any statements or evidence already collected regarding this incident. If you have not already done so, please preserve all evidence, including but not limited to surveillance footage, electronic data, and physical records related to this claim.

Please acknowledge receipt of this letter in writing and provide your internal claim number if one has been assigned.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title]