NOTICE OF TORT CLAIM

TO: [Name of Government Entity/Agency]
ATTN: [Clerk/Risk Management Department]
ADDRESS: [Street Address, City, State, Zip Code]

RE: NOTICE OF CLAIM FOR WRONGFUL DEATH

1. CLAIMANT INFORMATION

Name of Claimant (Executor/Administrator): [Your Full Name]
Relationship to Deceased: [e.g., Surviving Spouse, Child, Parent]
Address: [Your Street Address, City, State, Zip Code]
Phone Number: [Your Phone Number]

2. DECEDENT INFORMATION

Name of Deceased: [Full Name of Deceased]
Date of Death: [MM/DD/YYYY]
Date of Birth: [MM/DD/YYYY]

3. INCIDENT DETAILS

Date of Incident: [Date]
Time of Incident: [Time]
Location: [Specific Location/Address where incident occurred]

4. DESCRIPTION OF CLAIM

[Provide a concise statement of the facts describing the circumstances that led to the wrongful death. Include the actions or omissions of the public entity or employees that caused the injury/death.]

5. BASIS OF LIABILITY

[State the reasons why the government entity is responsible, such as negligence, dangerous property conditions, or employee misconduct.]

6. DESCRIPTION OF DAMAGES

The damages claimed include, but are not limited to:

- Medical expenses incurred prior to death
- Funeral and burial expenses
- Loss of future earnings and financial support
- Loss of companionship, guidance, and consortium

- Pain and suffering of the decedent prior to death (Survival Claim)

7. AMOUNT OF CLAIM

The total amount of damages sought is: $[Dollar Amount] (or "An amount in excess of the jurisdictional limit").

8. SIGNATURE

Respectfully submitted,

_____
[Your Signature]
Date: [Today's Date]