



Lincoln Heritage[®]
LIFE INSURANCE COMPANY



4343 E Camelback Rd Unit 400 Phoenix, AZ 85018, Estados Unidos



Lincoln Heritage
LIFE INSURANCE COMPANY



BBB Rating: A+
as of 4/27/2016
[Click for Review](#)

Rated A+ by the Better Business Bureau (BBB)

Better Business Bureau -The Better Business Bureau is the authority on trust in the marketplace. They set and uphold a high standard for ethical marketplace behavior so accreditation is a coveted honor. Because of this, the Better Business Bureau is the preeminent resource to turn to for objective, unbiased information on businesses and charities.

We are proud to be an Accredited Better Business Bureau Business that practices the eight Standards for Trust:

Build Trust — Establish and maintain a positive track record in the marketplace.

Advertise Honestly — Adhere to established standards of advertising and selling.

Tell the Truth — Honestly represent products and services, including clear and adequate disclosures of all material terms.

Be Transparent — Openly identify the nature, location, and ownership of the business, and clearly disclose all policies, guarantees and procedures that bear on a customer's decision to buy.

Honor Promises — Abide by all written agreements and verbal representations.

Be Responsive — Address marketplace disputes quickly, professionally, and in good faith.

Safeguard Privacy — Protect any data collected against mishandling and fraud, collect personal information only as needed, and respect the preferences of consumers regarding the use of their information.

Embody Integrity — Approach all business dealings, marketplace transactions and commitments with integrity.

2016 – Top 10 Final Expense Insurance Companies



There comes a point in every person's life in which he needs to prepare for the inevitable, which is his demise. When that happens, whether it's because of old age or unexpected reasons, the cost of funeral arrangements can become a burden to those he has left behind. If you are the type of person who does not wish for this to happen, then a final expense insurance policy is something that you should be looking into. This form of insurance has many benefits especially for the relatives who will be making the arrangements after you have already left.

Qualifications For The Policy

Any individual can purchase final expense insurance but commonly, those who are older and are nearer their demise acquire them. More often than not, these people also do not have a standard insurance policy to their name. The fees for this type of insurance are commonly much more expensive, especially if one were to get a no-exam type of policy.

2016 – Top 10 Final Expense Insurance Companies

Top 10 Companies For Final Expense Insurance

1. **Lincoln Heritage** – a well known company that has an outstanding reputation for final expense insurance plans. *They are recommended by the Better Business Bureau.*
2. **Foresters** – with 130 years experience in the insurance business, Foresters is a company that can give excellent quotes for final expense policies.
3. **Guardian Insurance** – they offer a no medical exam policy and can give you coverage for up to \$50,000.
4. **Securus Final Expense** – this company offers a diverse policy when it comes to final expense insurance plans. They are also well-known and have been an industry favourite for a while now.
5. **American Income Life** – offers affordable final expense insurance plans, great for the average American with a steady income.
6. **AFBA** – their package takes care of everything for you when it comes to your final expenses. Check out their Silver Premier Final Expense policy.
7. **Columbian Financial Group** – besides the death benefits, CFG also offers cash value for your policy that you can borrow against.
8. **NGL Insurance Group** – offers a personalized service and as of recent, they boast of an almost 99% claims percentage with all their clients.
9. **Statefarm** – a very well-known company in the insurance industry, State farm offers final expense insurance coverage for people 50-80 years old to about \$250,000.
10. **Canada Protection Plan** – CPP offers a no medical exam plan for those who do not have time or resources for it but want a final expense insurance policy.

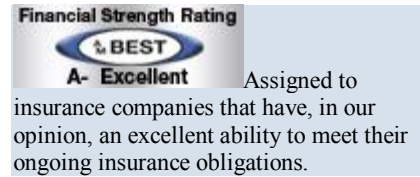
Lincoln Heritage Life Insurance Company [\(?\)](#)

Rated A-Excellent by A.M Best

A.M. Best #: 006694 NAIC #: 65927 FEIN #: 042314290

Administrative Office
4343 East Camelback Road
Phoenix, AZ 85018
[United States](#)

[View Additional Address Information](#)



Web: www.lhlic.com
Phone: 602-957-1650
Fax: 602-840-9765

Based on A.M. Best's analysis, [053070 - Londen Insurance Group](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings		Best's Credit Rating Analyst
Financial Strength Rating	View Definition	
Rating:	A+(Excellent)	Rating Issued by: A.M. Best Company, Inc.
Financial Size Category:	VIII (\$100 Million to \$250 Million)	Senior Financial Analyst: Joan Sullivan, CPA
Outlook:	Stable	Assistant Vice President: William Pargean
Action:	Affirmed	
Effective Date:	October 11, 2015	
Initial Rating Date:	June 30, 1976	
Long-Term Issuer Credit Rating	View Definition	
Long-Term:	a-	
Outlook:	Stable	
Action:	Affirmed	
Effective Date:	June 11, 2015	
Initial Rating Date:	March 15, 2007	

u Denotes [Under Review Best's Rating](#)

1*Usted debe saber que...*

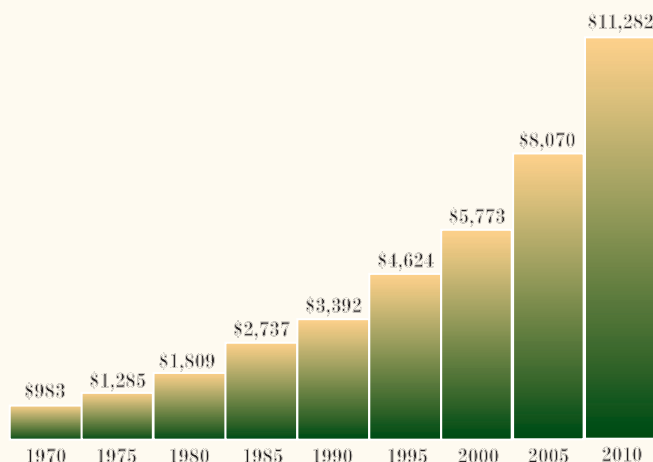
La Ley de Funerales de 1984 fue establecida para protegerlo.

El propósito de Funeral Consumer Guardian Society es actuar en el mejor interés de las familias, informándoles acerca de sus derechos como consumidores de acuerdo a esta ley. La ley fue aprobada en 1984 con el fin de impedir que las funerarias indujeran a los consumidores a la compra de productos y servicios que no desean o necesitan, y pagar precios altos por los productos y servicios que desean.

- **Lista general de precios** — Las funerarias deben proveerle una lista de precios fechada antes de empezar la negociación de cualquier arreglo.
- **Información telefónica de precios** — Las funerarias deben proveerle precios precisos de acuerdo a su lista general de precios, su lista de precios de ataúdes o su lista de precios de recipientes externos.
- **Lista de precios de ataúdes** — Las funerarias deben mostrarle una lista, impresa y fechada, con los precios de los ataúdes que incluya los precios de contenedores alternos.
- **Lista de productos y servicios** — Una vez que los arreglos se hayan llevado a cabo, la funeraria debe proveerle una lista detallada de productos y servicios seleccionados, su costo individual, y el monto total.
- **Embalsamamiento** — Las funerarias deben informarle si las leyes de su estado exigen un embalsamamiento o no. Asimismo, la funeraria no debe llevar a cabo el embalsamamiento sin su consentimiento previo.
- **Ataúd** — Las funerarias no deben rechazar el uso de un ataúd adquirido a través de otro proveedor ni pueden hacerle cargos por su utilización.
- **Declaraciones sobre preservación y protección** — Las funerarias no pueden decirle que el embalsamamiento, los ataúdes sellados o las bóvedas selladas preservan los restos indefinidamente en la tumba. Tampoco pueden afirmar que dichas características impedirán que penetre el agua o la tierra si esto no es verdad.

2*Usted debe saber que...*

Los costos funerarios han aumentado más rápido que el índice de precio al consumidor.



Fuente: National Funeral Director's Association (Asociación Nacional de Directores Funerarios) cifras estimadas para el 2005 y 2010.

3*Usted debe saber que...*

Sin un plan funeral a su disposición es casi seguro que sus seres queridos terminen gastando cientos, o incluso miles, de dólares de más.

- Se encuentran afectados emocionalmente por la pérdida de un ser querido.
- Se ven obligados a actuar dentro de un plazo muy limitado.
- Deben tomar muchas decisiones de forma inmediata.
- No cuentan con experiencia acerca de lo que se necesita... y lo que no se necesita.
- Existen muchas funerarias, cementerios, y otros proveedores que intentarán obtener la mayor ganancia posible.

4*Usted debe saber que...*

Elegir la funeraria adecuada puede ser la diferencia entre pagar \$2,000 ó \$10,000 por el mismo funeral.

Algunos de los precios que hemos encontrado:	Bajo	Alto
Traslado de los restos a la funeraria	\$150	\$400
Servicio básico de personal/gastos generales	\$295	\$2,000
Embalsamamiento	\$300	\$695
Preparación de los restos	\$100	\$395
Ceremonia matutina en la funeraria	\$250	\$695
Velorio vespertino en la funeraria	\$325	\$1,000
Alquiler de carroza funeral (medio día)	\$275	\$500
Ataúd	\$450	\$16,000
Bóveda para el entierro	\$300	\$8,000

Fuente: Susan Fargo, *Chicago Tribune*

5*Usted debe saber que...*

El seguro de vida es una de las formas más eficaces y confiables de cubrir los gastos funerales.

- El beneficio es enviado directamente al beneficiario.
- En la mayoría de los casos no se aplican impuestos federales sobre los beneficios de seguro.
- Los beneficios no están obligados a ninguna funeraria en particular y pueden ser utilizados en cualquier parte del mundo.
- Los beneficios de seguro evitan la posibilidad de cualquier conflicto con un tribunal testamentario.

6*Usted debe saber que...*

En general, las funerarias locales pequeñas ofrecen los precios más bajos.

De acuerdo al informe reciente de una organización nacional de información a los consumidores, las funerarias locales pequeñas cobran entre \$1300 a \$2000 menos que una funeraria nacional grande e independiente. Los siguientes son algunos promedios cobrados por las cadenas locales pequeñas en todo el país:

\$1,110	Cremación inmediata con ataúd o contenedor sencillo.
\$1,384	Entierro inmediato con ataúd o contenedor sencillo.
\$3,099	Funeral estándar con ataúd o contenedor alternativo.
\$4,067	Funeral estándar con ataúd de acero calibre 20.
\$4,670	Funeral estándar con ataúd de madera solida (excluyendo caoba, nogal o cerezo).
\$4,845	Funeral estándar con ataúd de acero calibre 18.
\$6,125	Funeral estándar con ataúd de acero inoxidable.
\$6,997	Funeral estándar con ataúd de caoba, nogal o cerezo.
\$7,100	Funeral estándar con ataúd de bronce o cobre.

7*Usted debe saber que...*

El transporte de los restos para entierro en otro lugar dentro de los Estados Unidos puede aumentar los costos funerales hasta por \$2,000.

- Las personas que se jubilen en otro estado, pero deseen ser enterrados en su lugar natal, deben asegurarse que sus arreglos financieros cubran éste costo adicional.
- Asimismo, si una persona fallece en el extranjero mientras se encuentra de vacaciones o en un viaje de negocios, el traslado de sus restos para su entierro puede costar hasta \$12,000.

Fuente: Assist America, Inc. (AAI)

8

Usted debe saber que...

Con frecuencia, los beneficios de seguro quedan sin ser reclamados simplemente porque el beneficiario no sabía que existía una póliza — o no pudo encontrarla.

- Funeral Consumer Guardian Society puede asegurarse que sus seres queridos se enteren que usted cuenta con pólizas de seguro de vida.
- Tenga cuidado al utilizar una caja de seguridad para guardar sus documentos de importancia ya que puede resultar en procedimientos legales antes de poder disponer del contenido de dicha caja.

9

Usted debe saber que...

Su cobertura le proporcionará a quienes deban encargarse de los arreglos funerales el dinero suficiente para enfrentar la situación.

- El primer paso es añadir todos los costos razonables que usted calcule para su funeral algún día. Recuerde incluir los costos del cementerio, la lapida, las flores, el contenedor externo... y cualquier otro elemento que requiera su plan.
- El siguiente paso es restarle la cantidad que usted haya previamente pagado para los gastos de su funeral.
- El tercer y último paso es compensar la diferencia necesaria por medio de un solido plan de cobertura.



Usted se verá recompensado por haberse tomado el trabajo de leer este pequeño folleto publicado por Funeral Consumer Guardian Society.

Si usted desea tomar el control sobre la forma en que se llevará a cabo su funeral, se dará cuenta que el tener esta información le representará un ahorro de cientos o incluso miles de dólares en sus gastos funerales.

La misión de Funeral Consumer Guardian Society consiste en ayudar a sus miembros a asegurarse que en el futuro, cuando sus seres queridos deban encargarse de sus arreglos fúnebres, todo sea fácil y manejable.

Archivo de planes fúnebres sin costo: Su plan será archivado de forma segura en los archivos computarizados de FCGS, a los que solamente tendrán acceso usted y las personas que usted elija. Usted podrá hacer cambios cuando así lo desee.

Tarjetas de membresía para sus seres queridos: Usted recibirá cuatro tarjetas de acceso con el número telefónico de FCGS. Usted podrá entregárselas a aquellas personas que algún día tomarán cargo de sus arreglos funerales.

Activación gratuita del plan: Una vez que seamos notificados acerca de su fallecimiento, FCGS se pondrá en contacto inmediato con la funeraria que usted haya elegido y le informará al director funerario acerca de los arreglos que usted ha dispuesto. La compañía hará hincapié en mantenerse dentro del presupuesto que usted había predeterminado.



ELEMENTOS BÁSICOS PARA LA PLANIFICACIÓN FÚNEBRE

(9 cosas que usted debe saber)



PO Box 91, New Albany, Indiana 47151
866/571-2772 www.funeralconsumer.org



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SPFCFACT12

Funeral Consumer Guardian Society

You'll receive your Funeral Advantage materials by mail

Lincoln Heritage
Funeral Advantage



Cash Insurance Benefit

Family Support Services



Your Welcome Package Will Contain:

- Your valuable insurance policy documents
- Your Funeral Advantage program benefits

Your FCGS Membership Will Include:

- Your primary FCGS membership card
- Copies of your membership card for your family and friends
- Forms to record your funeral wishes
- A postage-free envelope to return your forms



Funeral Advantage makes things go smooth and easy for the loved one who will be in charge of carrying out your funeral some day.



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Cash Insurance Benefit

Lincoln Heritage Life Insurance Company is one of the nation's leaders in helping people cover their funeral costs and other final expenses.



- Benefits paid within 24 hours.*
- Whole life benefit up to \$35,000.
- NO health examination to apply — just a few health questions.
- Easy, one-page application.
- Most people qualify for coverage, even with health issues.
- Rate and Benefit are locked in for the life of the policy.**
- \$100,000 additional benefit for accidental death available.

*Once documents are received and approved.
**As long as premiums are paid.

AD&D Cash Benefit Enhancement

Offered as a rider on your Funeral Advantage™ plan, you may add either benefit enhancement package (Basic or Deluxe) without a medical exam or other evidence of insurability.

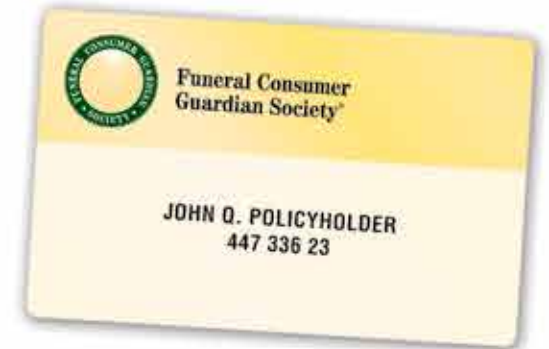
Pays Extra for:	Basic Plan	Deluxe Plan
Accidental death	\$5,000	\$25,000
Single dismemberment	\$2,500	\$12,500
Death due to auto accident	\$10,000	\$50,000
Death due to common carrier accident	\$20,000	\$100,000
Transport of mortal remains	up to \$1,000	up to \$5,000

See policy form for complete benefit details, exclusions and limitations. Common Carrier covers you as a fare-paying passenger on any licensed public transportation anywhere in the world, including airplane, train, bus, taxi, subway or ship. Transport of mortal remains if you die more than 200 miles from home.

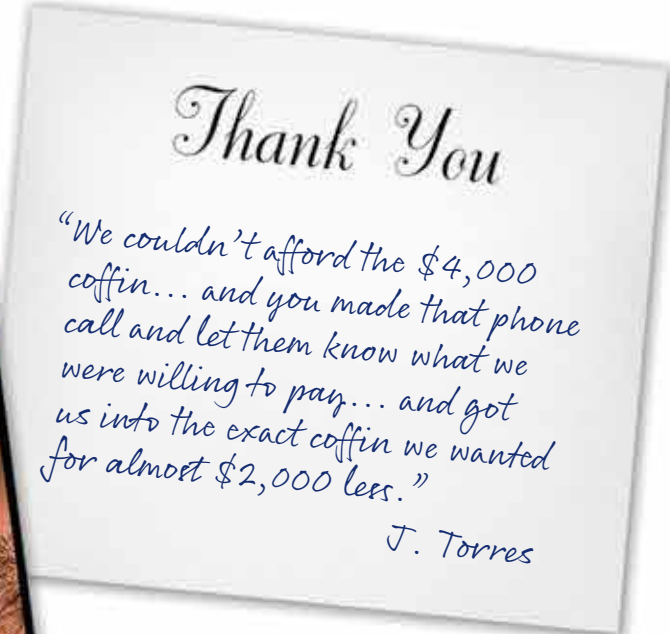
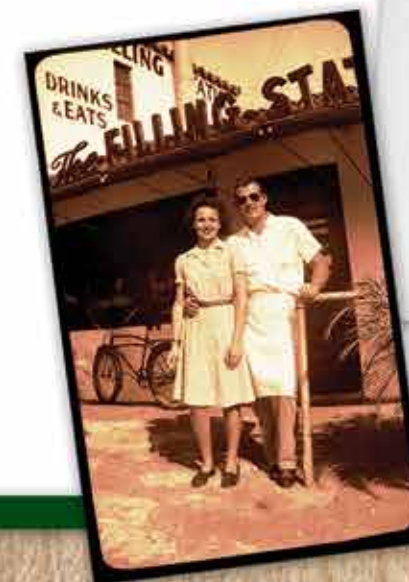
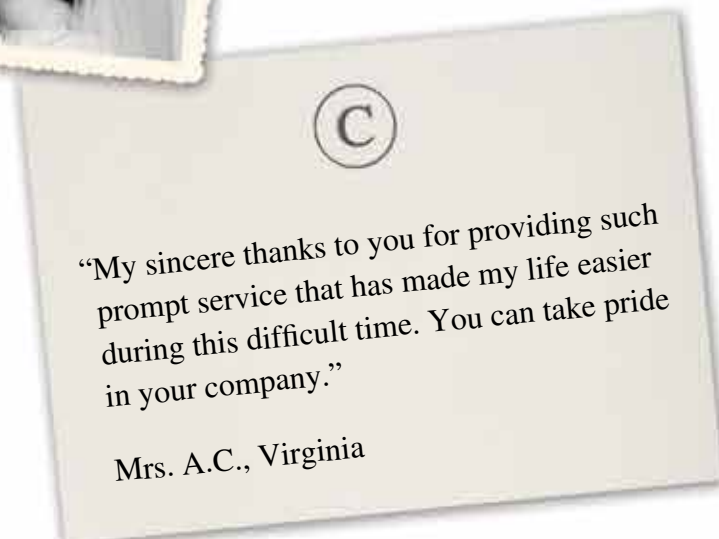
Family Support Services

The Funeral Consumer Guardian Society is an independent organization dedicated to helping funeral purchasers get a fair deal.

- You decide the style of funeral you want... a 2-page final wishes form makes it fast and simple.
- FCGS keeps your wishes safe and secure on file.
- Your loved ones get a 24-hour toll-free service number to call in time of need.
- FCGS immediately goes into action — comparing up to 3 different funeral homes to find the best price available.
- Families save an average of \$1,800 on traditional funerals and up to \$600 on cremation.



You get Free Membership in the Funeral Consumer Guardian Society with your final expense plan from Lincoln Heritage.



	Good Quality	Better Quality	Best Quality
Alabama	\$1,750	\$3,500	\$7,250
Alaska	\$2,000	\$3,750	\$7,750
Arizona	\$1,500	\$3,250	\$6,750
Arkansas	\$1,500	\$3,250	\$6,750
California	\$1,500	\$3,250	\$6,750
Colorado	\$1,500	\$3,250	\$6,750
Connecticut	\$2,000	\$3,750	\$7,750
Delaware	\$1,750	\$3,500	\$7,250
District of Columbia	\$1,750	\$3,500	\$7,250
Florida	\$1,750	\$3,500	\$7,250
Georgia	\$1,750	\$3,500	\$7,250
Hawaii	\$2,000	\$3,750	\$7,750
Idaho	\$1,500	\$3,250	\$6,750
Illinois	\$2,000	\$3,750	\$7,750
Indiana	\$2,000	\$3,750	\$7,750
Iowa	\$1,500	\$3,250	\$6,750
Kansas	\$1,500	\$3,250	\$6,750
Kentucky	\$1,750	\$3,500	\$7,250
Louisiana	\$1,750	\$3,500	\$7,250
Maine	\$2,000	\$3,750	\$7,750
Maryland	\$1,750	\$3,500	\$7,250
Massachusetts	\$2,000	\$3,750	\$7,750
Michigan	\$2,000	\$3,750	\$7,750
Minnesota	\$2,000	\$3,750	\$7,750
Mississippi	\$1,750	\$3,500	\$7,250
Missouri	\$1,750	\$3,500	\$7,250
Montana	\$1,500	\$3,250	\$6,750
Nebraska	\$1,500	\$3,250	\$6,750
Nevada	\$1,500	\$3,250	\$6,750
New Hampshire	\$2,000	\$3,750	\$7,750
New Jersey	\$2,000	\$3,750	\$7,750
New Mexico	\$1,500	\$3,250	\$6,750
North Carolina	\$1,750	\$3,500	\$7,250
North Dakota	\$1,500	\$3,250	\$6,750
Ohio	\$2,000	\$3,750	\$7,750
Oklahoma	\$1,500	\$3,250	\$6,750
Oregon	\$1,500	\$3,250	\$6,750
Pennsylvania	\$2,000	\$3,750	\$7,750
Rhode Island	\$2,000	\$3,750	\$7,750
South Carolina	\$1,750	\$3,500	\$7,250
South Dakota	\$1,500	\$3,250	\$6,750
Tennessee	\$1,750	\$3,500	\$7,250
Texas	\$1,500	\$3,250	\$6,750
Utah	\$1,500	\$3,250	\$6,750
Vermont	\$2,000	\$3,750	\$7,750
Virginia	\$1,750	\$3,500	\$7,250
West Virginia	\$1,750	\$3,500	\$7,250
Wisconsin	\$2,000	\$3,750	\$7,750
Wyoming	\$1,500	\$3,250	\$6,750

Good:

- Direct cremation, including removal and shelter of remains
- Transportation to crematory
- Necessary authorizations
- Alternative container to hold the remains for cremation

Better:

- Direct cremation
- Memorial visitation and funeral service without the body present

Best:

- Traditional funeral with cremation as the final disposition of the body
- Memorial visitation and funeral service with the body present

Funeral Cost Estimate

For Your Area — Burial or Cremation



Funeral Cost Estimates

Traditional Burial

	Good Quality	Better Quality	Best Quality
Alabama	\$6,750	\$8,500	\$11,000
Alaska	\$7,250	\$9,000	\$11,500
Arizona	\$6,250	\$8,000	\$10,500
Arkansas	\$6,250	\$8,000	\$10,500
California	\$6,250	\$8,000	\$10,500
Colorado	\$6,250	\$8,000	\$10,500
Connecticut	\$7,250	\$9,000	\$11,500
Delaware	\$6,750	\$8,500	\$11,000
District of Columbia	\$6,750	\$8,500	\$11,000
Florida	\$6,750	\$8,500	\$11,000
Georgia	\$6,750	\$8,500	\$11,000
Hawaii	\$7,250	\$9,000	\$11,500
Idaho	\$6,250	\$8,000	\$10,500
Illinois	\$7,250	\$9,000	\$11,500
Indiana	\$7,250	\$9,000	\$11,500
Iowa	\$6,250	\$8,000	\$10,500
Kansas	\$6,250	\$8,000	\$10,500
Kentucky	\$6,750	\$8,500	\$11,000
Louisiana	\$6,750	\$8,500	\$11,000
Maine	\$7,250	\$9,000	\$11,500
Maryland	\$6,750	\$8,500	\$11,000
Massachusetts	\$7,250	\$9,000	\$11,500
Michigan	\$7,250	\$9,000	\$11,500
Minnesota	\$7,250	\$9,000	\$11,500
Mississippi	\$6,750	\$8,500	\$11,000
Missouri	\$6,750	\$8,500	\$11,000
Montana	\$6,250	\$8,000	\$10,500
Nebraska	\$6,250	\$8,000	\$10,500
Nevada	\$6,250	\$8,000	\$10,500
New Hampshire	\$7,250	\$9,000	\$11,500
New Jersey	\$7,250	\$9,000	\$11,500
New Mexico	\$6,250	\$8,000	\$10,500
North Carolina	\$6,750	\$8,500	\$11,000
North Dakota	\$6,250	\$8,000	\$10,500
Ohio	\$7,250	\$9,000	\$11,500
Oklahoma	\$6,250	\$8,000	\$10,500
Oregon	\$6,250	\$8,000	\$10,500
Pennsylvania	\$7,250	\$9,000	\$11,500
Rhode Island	\$7,250	\$9,000	\$11,500
South Carolina	\$6,750	\$8,500	\$11,000
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Tennessee	\$6,750	\$8,500	\$11,000
Texas	\$6,250	\$8,000	\$10,500
Utah	\$6,250	\$8,000	\$10,500
Vermont	\$7,250	\$9,000	\$11,500
Virginia	\$6,750	\$8,500	\$11,000
West Virginia	\$6,750	\$8,500	\$11,000
Wisconsin	\$7,250	\$9,000	\$11,500
Wyoming	\$6,250	\$8,000	\$10,500

Funeral Costs and Other Final Expenses Include:

- Funeral Home Services
- Casket
- Transportation - hearse
- Clothing and Flowers
- Outer Burial Container
- Cemetery Property - plot
- Grave Opening and Closing
- Monument or Marker
- Newspaper Notices
- Unpaid Medical Expenses
- Outstanding Debts
- Probate Costs
- Legal Fees

Good:

- Casket: 20-gauge steel, or pine
- Grave liner: concrete box with drain holes (no sealing abilities)
- Transportation: casket coach, clergy coach, and flower car
- Flowers: casket spray and lid piece

Better:

- Casket: 18-gauge steel, or oak
- Burial vault: concrete top seal with plastic liner or steel air seal
- Transportation: casket coach, clergy coach, and flower car
- Flowers: casket spray and lid piece

Best:

- Casket: 16-gauge steel, stainless steel or copper, or cherry, oak, maple or walnut
- Burial vault: concrete top seal with stainless steel liner or galvanized steel air seal
- Transportation: casket coach, clergy coach, limousine and flower car
- Flowers: casket spray, family piece and lid piece

Funeral Home Charges Include:

- Basic services of funeral director and staff.
- Use of facilities and staff for visitation at funeral home, and for funeral ceremony at funeral home or church.
- Transfer of remains to funeral home.
- Embalming and sanitation of deceased; dressing, cosmeticizing and casketing the deceased.
- Printing package including register book, memorial cards or prayer cards, and acknowledgment cards.
- Death certificate; obituary notices.
- Church or clergy stipend.
- Vault, tent and cemetery equipment set-up charge.



Personal Information

Full Name _____ Soc. Sec. # _____
Date of Birth ____/____/____ Birthplace _____ Sex: [] Male [] Female

Marital Status _____ Name of Spouse _____
Date of Marriage ____/____/____ Place of Marriage _____
Usual Occupation _____ Type of Business _____ Years of Education _____
Father's Name _____ Mother's Name _____

Next of Kin

Full Name _____ Relationship _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____

Please inform my loved ones of my funeral wishes as follows:

Type: [] Traditional Service [] Graveside Service [] Cremation Service
Place of Service: [] Church [] Funeral Home [] Cemetery Religious Affiliation: _____
Participating Organization (Military, Fraternal, Lodge, Union, etc.): _____
Prayer Service: [] Yes [] No Location: _____
Visitation/Wake: [] Public [] Private [] None

Traditional Burial Requests

Cemetery Name _____ City _____ State _____
Own Cemetery Property: [] Yes [] No
Arrangement Preferred: [] Companion [] Single Burial Site: [] Mausoleum [] Lawn Crypt [] Ground Burial

Cremation Requests

[] Return to Family [] Burial [] Niche [] Scattering Sea [] Scattering Air [] Other _____

Please help my loved ones find the best funeral home for my services

The following are my three top choices:
Name _____ Telephone (____) _____ City & State _____
Name _____ Telephone (____) _____ City & State _____
Name _____ Telephone (____) _____ City & State _____



Full Name _____

Soc. Sec. # _____

Insurance Information

Final Expense Insurance

Company Name _____ Policy # _____

Amount \$ _____ Beneficiary: _____

Life Insurance

Company Name _____ Policy # _____

Amount \$ _____ Beneficiary: _____

Military Record

War _____ Serial # _____ Branch of Service _____ Rank _____

Date & Place of Induction _____ Date & Place of Discharge _____

Medals _____ Special Service _____

Location of Discharge Papers (DD214) _____

Flag: Draped Folded Presented to _____

Special Instructions

Flower Choice _____

Music: Organist _____ Soloist _____

Music Choice:

1. _____ 2. _____ 3. _____ 4. _____

Personal Effects

Jewelry & Accessories: Wedding Band Stays On Return to _____

Eyeglasses Stays On Return to _____

Other _____ Stays On Return to _____

Clothing Preference: Current Wardrobe New Other _____

Description/Color _____

Newspaper for Obituary Notice

List the newspaper(s) you want your obituary to appear in:

1. _____ 2. _____

Pet Wishes

Pet's Name: _____ Dog Cat Other _____

Person who will care for my pet: Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip Code _____

Special Information: Food Brand _____ Treats _____

Diet Restrictions _____ Daily Routines _____ Toys _____

Veterinarian Name _____ Address _____

City _____ State _____ Zip Code _____ Phone (_____) _____

Funds from my estate to go to the new caregiver for my pet's care: \$ _____

If you have more than one pet to be taken care of — use separate sheet to attach their information.

LINCOLN HERITAGE LIFE INSURANCE COMPANY
POLICY SCHEDULE TABLE OF DEATH BENEFITS AND POLICY VALUES

End of Year	Death Benefit	Cash Value	Reduced Paid Up Insurance	Extended Term Insurance	Years	Days
1	15000	.00	0	0	0	0
2	15000	107.31	309	1	206	
3	15000	490.59	1363	5	276	
4	15000	885.90	2375	8	236	
5	15000	1293.45	3349	10	293	
6	15000	1713.25	4285	12	175	
7	15000	2145.57	5187	13	293	
8	15000	2590.70	6057	14	311	
9	15000	3048.97	6897	15	247	
10	15000	3520.74	7709	16	120	
11	15000	4006.50	8497	16	307	
12	15000	4507.05	9263	17	93	
13	15000	5023.17	10010	17	220	
14	15000	5556.13	10742	17	335	
15	15000	6107.25	11461	18	89	
16	15000	6678.28	12170	18	229	
17	15000	7270.95	12875	19	46	
18	15000	7887.45	13578	19	331	
19	15000	8530.30	14285	21	129	
20	15000	9202.68	15000	PAID UP		

Policy Number	57-0003675742	Owner	Dionicia Herrada
Ultimate Face Amount	\$15,000	Insured	Dionicia Herrada
Date of Issue	12/01/2018	Age	57
Date of Maturity	12/01/2082	Sex	Female
Premiums Payable To	11/30/2038	Plan Type	20 YEAR PAY NONTOBACCO

Premiums	Annual	Semi-Annual	Quarterly	Monthly Direct	Monthly Bank Draft
Life Policy	785.29	408.36	208.11	66.75	66.75
Policy Fee	36.00	18.00	9.00	5.00	3.00
Life Premium	821.29	426.36	217.11	71.75	69.75
AD&D 5 Unit(s)	88.24	45.88	23.38	7.50	7.50
Total Premium	909.53	472.24	240.49	79.25	77.25

Cash Values are based on 2017 Loaded CSO Composite Ultimate Table, ALB, Sex Distinct at 4.5%



Lincoln Heritage
LIFE INSURANCE COMPANY

June 10, 2016

Jaillen A Rios Rivera

~~3201 W. ...~~

Orlando FL 32822-2730

RE: Policy #57-3000387, Israel Mojica Camacho

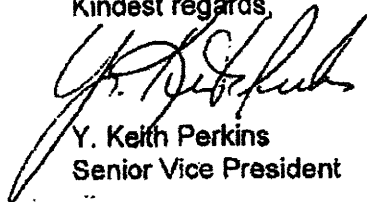
Dear Mrs. Rios Rivera:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the claim papers, and our check for \$11,751.48 has been sent to you. Included with the proceeds is an additional \$5,001.48 which represents the accidental death benefit and interest.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please be in touch with us any time we can be of further assistance to you.

Kindest regards,



Y. Keith Perkins
Senior Vice President

YKP/ir

Enclosure

Our Business is You

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlc.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Marketing Support: (800) 750-8404
Fax: (602) 840-9726



SOLICITUD DE SEGURO DE VIDA INDIVIDUAL ESCRIBA CLARAMENTE CON LETRA DE MOLDE

Oficinas Ejecutivas: 4343 East Camelback Road, Suite 400 Phoenix, AZ 85018-2705

INFORMACION DEL PROPIETARIO
Nombre
Correo electrónico
Dirección
Teléfono
Ciudad
Estado
Código postal

INFORMACION DEL SOLICITANTE: todos los solicitantes deben residir de forma permanente en los Estados Unidos
Nombre
Relación con el Propietario
Dirección
Ciudad
Estado
Código postal
Teléfono
NSS
Edad
Fecha de nacimiento
Sexo

Destinatario secundario (nombre y dirección)
Beneficiario primario
Relación
Dirección
Teléfono
Cantidad de la Cobertura
Beneficiario contingente
Relación
Prima mensual

OPCIONES DE ADITAMENTOS
Aditamento para Hijos
Aditamento de AD&D
Unidades por hijo
Método de Pago
Fecha de Pago
Prima del aditamento
Prima Mensual Total

PREGUNTA SOBRE TABACO
En los últimos doce (12) meses, ¿el solicitante ha consumido alguna forma de tabaco?

CONDICIONES NO ASEGURABLES
1. ¿Un médico le diagnosticó positivamente al solicitante una enfermedad terminal?
2. Según su leal saber y entender, ¿el solicitante ha dado resultado positivo por exposición a la infección del VIH o fue diagnosticado con SIDA o ARC...
3. ¿El solicitante está actualmente confinado a la cama, hospitalizado, encarcelado, en un centro de atención o recibiendo cuidados paliativos?

ENFERMEDADES SIGNIFICATIVAS: si la respuesta es "SI" a cualquiera de estas preguntas, su beneficio por fallecimiento será modificado
En los últimos dos (2) años, el solicitante ha sido diagnosticado o recibido tratamiento de un médico, o ha tomado medicamentos para cualquiera de las siguientes enfermedades:
1. ¿Enfermedad cardíaca, incluyendo ataques cardíacos, cirugía cardíaca, o insuficiencia cardíaca congestiva?
2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación?
3. ¿Cáncer aparte del cáncer en las células basales de la piel?
4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema?
5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos?
6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)?
7. ¿Abuso de alcohol o drogas?
8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal?
9. ¿Al solicitante se le ha realizado o recomendado una prueba de diagnóstico relacionada con alguna de las preguntas anteriores, excepto con aquellas relacionadas con el Virus de Inmunodeficiencia Humana (virus del SIDA), de la que todavía no se hayan recibido los resultados?

REEMPLAZO
1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades?
2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades?
Si la respuesta a la pregunta dos (2) es "si", detalle la compañía y número de póliza

PRÉSTAMO AUTOMÁTICO DE PRIMAS
ENTREGA
¿Se solicita el Préstamo Automático de Primas?
Enviar la póliza por correo al:

Yo autorizo a cualquier farmacia o administrador de beneficios de farmacia que tenga un historial de mis medicamentos con receta médica que proporcione dicha información a Lincoln Heritage Life Insurance Company o a sus reaseguradores con el propósito de evaluar mi solicitud de seguro. La información de salud que obtengan no podrá ser divulgada sin mi autorización a menos que lo permita la ley, en cuyo caso puede no estar protegida bajo las leyes federales de privacidad. Esta autorización será válida por dos (2) años a partir de esta fecha y puede ser revocada al enviar un aviso por escrito a Lincoln Heritage Life Insurance Company.

Cualquier persona que conscientemente y con intención de dañar, defraudar, o engañar a cualquier aseguradora presente una declaración de reclamo o una solicitud que contenga cualquier información falsa, incompleta, o engañosa es culpable de un delito en tercer grado.

Yo declaro que las respuestas que he dado son verdaderas según mi leal saber y entender. Entiendo que la Compañía dependerá de mis respuestas para emitir el seguro. Entiendo que la cobertura entra en vigencia cuando la Compañía haya aprobado esta solicitud y se pague la primera prima.
Firma del Propietario
Firma del Solicitante
Firmado en el Estado
Fecha

CONFIRMACIÓN DEL PRODUCTOR
¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante?
Firma del Productor
Nombre escrito con letra de molde
Número del Productor
Número de licencia de Florida



APPLICATION FOR LIFE INSURANCE
FINAL EXPENSE
PLEASE PRINT LEGIBLY

JUN 19 2012

Executive Offices:
4343 East Camelback Road
Phoenix, AZ 85018-2705

1. OWNER INFORMATION	
Name JULIO CARRION	Phone 904-342-5357
Address 2629 JUAREZ AVE	City, State, Zip ST AUGUSTINE FL 32086

2. APPLICANT INFORMATION			
Name JULIO CARRION	Relationship to Owner SELF	Height 5-06	Weight 180
Address 2629 JUAREZ AVE	Phone 904-342-5357	SSN 8687	
City ST AUGUSTINE	State FL	Zip 32086	Age 62
	Date of Birth 12-12-1949	Sex F	
Primary Beneficiary DONNA M. INGRAM	Relationship PARTNER	Coverage Amount \$4,000	
Contingent Beneficiary	Relationship	Monthly Premium	

3. RIDER OPTIONS		
Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s) Per Child	AD&D Rider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s)	Rider Premium \$
<i>Health questions also apply to all children on the rider.</i>		
Name(s) of Child Rider Applicant(s)	Date of Birth	Sex
		Relationship to Owner
		Primary Beneficiary (is owner unless otherwise stated)

4. PLAN		PAYMENT METHOD		DUE DATE	
<input checked="" type="checkbox"/> Final Expense Non-Tobacco	<input type="checkbox"/> 15 Year Pay Modified Death Benefit	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Annual	20	TOTAL MONTHLY PREMIUM \$ 26.88 21.88
<input type="checkbox"/> Final Expense Tobacco		<input type="checkbox"/> Savings	<input type="checkbox"/> Semi-Annual		
<input type="checkbox"/> 20 Year Pay Non-Tobacco			<input type="checkbox"/> Quarterly		
<input type="checkbox"/> 20 Year Pay Tobacco			<input type="checkbox"/> Monthly Direct		
				(1st thru 20th only)	of each month

5. TOBACCO QUESTION	
a. Has any proposed insured used any form of tobacco in the past 12 months?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

6. UNINSURABLE CONDITIONS	
a. Has any proposed insured been diagnosed, by a licensed member of the medical profession, with a terminal illness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Has any proposed insured been tested positive for exposure to the HIV infection or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection or other sickness or condition derived from such infection?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Is any proposed insured currently incarcerated, hospitalized, receiving hospice care or in a licensed care facility, a nursing home facility, assisted living facility, adult family-care home, board and care facility or adult care facility that has medical care available?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. SIGNIFICANT HEALTH CONDITIONS - If the answer to any health question is "Yes," your death benefit will be modified.	
a. Has any proposed insured been hospitalized two or more times in the past six months?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. If under age 25, has any proposed insured been diagnosed, by a licensed member of the medical profession, with cerebral palsy, cystic fibrosis, muscular dystrophy or multiple sclerosis?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. In the past two years, has any proposed insured had, been diagnosed with, been treated for, by a licensed member of the medical profession, or taken prescription medication for any of the following conditions:	
1. Heart disease, including heart attack, heart surgery, congestive heart failure or angina pectoris?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Alzheimer's disease or dementia, organic brain syndrome, ALS (Lou Gehrig's disease) or does any proposed insured need assistance performing their Activities of Daily Living, including feeding, bathing or dressing themselves?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. Disease of the circulatory system, including stroke, TIA (Transient Ischemic Attack) or aneurysm, or has any proposed insured had or been advised to have surgery to improve circulation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Cancer or any form of malignancy other than basal cell skin cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. Disease of the lungs, other than asthma, including COPD (Chronic Obstructive Pulmonary Disease) or emphysema; oxygen to assist in breathing; liver disease, including cirrhosis or hepatitis C; kidney disease, including kidney dialysis; organ transplant?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6. Alcohol abuse or drug abuse?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Complications of diabetes including insulin shock, amputation, diabetic coma, blindness or kidney disorder?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. Has any proposed insured had or been advised, by a licensed member of the medical profession, to have a diagnostic test for which results have not yet been received? (If yes, provide complete details in Section 9)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

8. NON-MEDICAL QUESTION	
a. Do all proposed insureds permanently reside in the United States?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

HOME OFFICE USE ONLY						
Plan 310	Policy #	FGS Membership #	UW Approval	Issue Type	Date	Initials

FEAPP07-FL



9. MEDICATIONS - List any medication(s) each proposed insured has been prescribed or taken in the past 2 years and the reason for its use. - *9*

N A

10. DOCTOR'S INFORMATION

Physician's Name _____ Phone _____
 Clinic Name _____
 Address _____ City _____ State _____ Zip _____

N A

11. REPLACEMENT

Does the proposed insured have existing life insurance policies or annuity contracts? Yes No If yes, list company and policy #
 Will this cause other insurance or annuities to be replaced or changed? Yes No

12. PAYOR INFORMATION

Name JULIO CARRION	AUTOMATIC PREMIUM LOAN Is Automatic Premium Loan requested? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DELIVERY Mail Policy to: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Producer
Relationship to Owner		

2nd Addressee for the purpose of notification of past due premium payments and possible lapses in coverage (Name and Address)

13. APPLICANT'S SIGNATURE(S) AND AUTHORIZATION

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, reinsurance company, division of motor vehicles, or the veterans administration having information as to diagnosis, treatment or prognosis with respect to the physical or mental condition or having non-medical information concerning me, to release and disclose the entire medical record and any other protected health or other information concerning me within the past five (5) years, without restrictions, to Lincoln Heritage Life Insurance Company or its reinsurers. This includes information on the treatment of alcohol, drug and tobacco abuse, and psychiatric diagnosis and treatment.

I understand that the protected information is to be disclosed under this authorization so that Lincoln Heritage Life Insurance Company may underwrite my application for life insurance, determine eligibility for insurance, risk rating or policy issuance determinations, obtain reinsurance, administer claims and determine or fulfill responsibility for coverage and provision of benefits, administer coverage and conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Lincoln Heritage Life Insurance Company. Any protected information obtained will not be released by Lincoln Heritage Life Insurance Company, or its reinsurers.

I understand that this authorization shall remain in force for twenty-four (24) months from the date shown below if used in connection with an application for an insurance policy, an application for reinstatement of an insurance policy, a request for change in policy benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a policy.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative will receive a copy of this authorization with my policy. I understand and agree that this authorization may be revoked by me at anytime in writing, by sending a written notice of revocation to Lincoln Heritage Life Insurance Company, 4343 East Camelback Road, Phoenix, AZ 85018. I agree that Lincoln Heritage Life Insurance Company shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation or to the extent that Lincoln Heritage Life Insurance Company has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

I HAVE READ ALL QUESTIONS AND ANSWERS. I AFFIRM THAT THEY ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE COMPANY WILL RELY ON MY ANSWERS ABOVE IN ISSUING ANY LIFE INSURANCE HEREUNDER AND THE AGENT DOES NOT HAVE THE AUTHORITY TO WAIVE OR MODIFY ANY QUESTIONS OR ANSWERS. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature of Owner *X Julio Carrion* Signature of Applicant *X Julio Carrion*
 Signed in (City/State) ST. AUGUSTINE FL Signature of Child Rider Applicant _____
 (If 15 years of age)
 On (Month/Day/Year) 06-19-2012

14. AGENT'S CONFIRMATION

Are there existing life insurance and/or annuity contracts on the life of the proposed insured? Yes No
 To the best of my knowledge, replacement is is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Agent's Signature *[Signature]* Code Number 0989033
 Agent's Printed Name GERARDO ALARSO Florida License Number W0076176



Lincoln Heritage
LIFE INSURANCE COMPANY

August 31, 2012

Donna M Ingram
2629 Juarez Ave
St Augustine FL 32086-5331

RE: Policy #04-2056420, Julio Carrion

Dear Ms. Ingram:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the final claim papers yesterday, and our check for \$4,005.26 is enclosed. Included with the proceeds is an additional \$5.26 which represents interest.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

Keith Perkins
Vice President

YKP/cc

Enclosure

Pol: 04-0002056420 FCGS: Y
Dec: Julio Carrion
Date Reported: 08/06/2012
Bene Phn: 0000000000

Caller: Cj
Phn: 9048241872 Rel: Fh
Agt: 84033 Act: Y MMCA: 0006
Agt Name: Gerardo DiLoreto

'ou

4343 East Camelback Road
Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Toll Free (800) 433-8181
Direct (602) 957-1650
Fax (602) 840-9726

040002396881

JF JAN 28 2014



Lincoln Heritage
LIFE INSURANCE COMPANY

**APPLICATION FOR
INDIVIDUAL LIFE INSURANCE**
PLEASE PRINT LEGIBLY

Executive Offices:
4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705

OWNER INFORMATION			
Name <u>Angelia Lucretia King</u>			
Email		Phone <u>[REDACTED]</u>	
Address <u>1124 Roan Ct</u>		City <u>Kissimmee</u> State <u>Fl</u> Zip <u>34759</u>	
APPLICANT INFORMATION - All applicants must permanently reside in the United States.			
Name <u>MAEK King</u>		Relationship to Owner <u>father</u>	
Address <u>1124 Roan Ct.</u>		City <u>Kissimmee</u> State <u>Fl</u> Zip <u>34759</u>	
Phone	SSN <u>[REDACTED]</u>	Age <u>79</u>	Date of Birth <u>08-17-33</u> Sex <u>Male</u>
Secondary Addressee (Name and Address)			
Primary Beneficiary <u>Angelia L. King</u>		Relationship <u>daughter</u>	
Address		Phone <u>[REDACTED]</u>	Coverage Amount \$ <u>8,500</u>
Contingent Beneficiary <u>Tamara King</u>		Relationship <u>daughter</u> Monthly Premium \$	
RIDER OPTIONS			
Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit(s) Per Child	AD&D Rider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Unit(s) Rider Premium \$
PLAN	PAYMENT METHOD	DUE DATE	TOTAL MONTHLY PREMIUM
<input type="checkbox"/> Final Expense <input type="checkbox"/> 20 Year Pay <input checked="" type="checkbox"/> Modified Death Benefit	<input checked="" type="checkbox"/> Monthly Draft <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly Direct	<u>15th</u> (1st thru 28th only)	\$ <u>164.47</u>
TOBACCO QUESTION			
In the past twelve (12) months, has the applicant used any form of tobacco? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
UNINSURABLE CONDITIONS			
1. Has the applicant been positively diagnosed by a physician as having a terminal illness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. To the best of your knowledge and belief has the applicant been tested positive for exposure to the HIV infection, or been diagnosed as having ARC or AIDS caused by the HIV infection, or other sickness or condition derived from such infection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Is the applicant currently bedridden, hospitalized, incarcerated, in a care facility, or receiving hospice care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SIGNIFICANT HEALTH CONDITIONS - If the answer to any health question is "Yes", your death benefit will be modified.			
In the past two (2) years, has the applicant been diagnosed with, been treated by a physician, or taken medication for any of the following conditions:			
1. Disease of the heart, including heart attack, heart surgery, or congestive heart failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Cancer, other than basal cell skin cancer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4. Disease of the lungs, including COPD or emphysema, other than asthma? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Disease of the liver or kidney, or had an organ transplant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehrig's disease)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Alcohol or drug abuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. Complications of diabetes, including amputation, diabetic coma, blindness, or kidney disorder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Has the applicant had or been advised to have a diagnostic test relating to any of the questions listed above, except for those relating to the Human Immunodeficiency Virus (AIDS virus), for which results have not yet been received? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
REPLACEMENT			
1. Does the applicant have existing life insurance or annuity contracts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Will this policy replace or change other insurance or annuities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If question two (2) is answered "yes", list company and policy #			
AUTOMATIC PREMIUM LOAN		DELIVERY	
Is Automatic Premium Loan requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Mail Policy to: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Producer	
I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case, it may not be protected under federal privacy rules. This authorization shall be valid for two (2) years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company.			
Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.			
I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that coverage takes effect when this application has been approved by the Company and the first premium is paid.			
Signature of Owner <u>[Signature]</u>		Signature of Applicant <u>Mack King</u>	
Signed in State <u>Florida</u>		If fifteen (15) years or older Date <u>1/27/2014</u>	
PRODUCER'S CONFIRMATION			
Are there existing life insurance and/or annuity contracts on the life of the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To the best of my knowledge, replacement <input type="checkbox"/> is <input checked="" type="checkbox"/> not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.			
Signature of Producer <u>[Signature]</u>		Producer's Number <u>04-96651-1</u>	
Printed Name <u>Yasenia Rojas</u>		Florida License Number <u>W176350</u>	



Lincoln Heritage
LIFE INSURANCE COMPANY

040002396881

April 17, 2014

Angelia L King
1124 Roan Ct
Kissimmee FL 34759-7030

RE: Policy #04-2396881, Mack King

Dear Ms. King:

We received the Medical Examiner's Report and have reviewed the information. We are pleased to inform you that the Accidental Death Benefit on the policy has been deemed payable along with the full face of the life portion. Enclosed is our check for \$12,818.03 which represents the benefit amount minus the \$178.71 which was previously sent to you. Included with the proceeds is an additional \$15.74 which represents interest.

Please let us know if you have any questions concerning this matter.

Sincerely,

Cathy Courcey
Policy Benefits Department

Our Business is You

4343 East Camelback Road
Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Toll Free (800) 433-8181
Direct (602) 957-1650
Fax (602) 840-9726

KNOW the symptoms



Every 37 seconds, someone in the U.S. someone dies from a heart attack or another heart-related condition.

-American Heart Association

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders,

Each year in the United States, about 1.2 million people have a heart attack. More than 40 percent of those people die before they reach a hospital indicating that potentially a large portion of Americans do not clearly know the warning signs of a heart attack. As terrible as these numbers sound, they are much lower than figures of 30 years ago. Today, thanks to the help of preventive health services like Healthism, many Americans are doing better job of reducing their own risk of heart attack equipped with the right information.

<http://www.healthism.com/articles/healthy-heart>



The following list is provided to assist agents in underwriting Final Expense applications for Lincoln Heritage Life Insurance Company.

It is intended to be a list of the most common prescription drugs that will cause a policy to be issued Modified under our guidelines.

Please keep in mind that any medications prescribed for conditions covered in the health questions on the application will also cause a policy to be issued Modified.

As always, we encourage you to contact Underwriting at any time for risk assessment and/or medication verification at 1-800-433-8181 (after hours call 1-800-779-0983)

Common Modified Medications

ACLDINIUM BROMIDE - COPD, Emphysema

AGGRENOX - Circulatory

AMIODARONE HCL - Heart

AMJEVIA - Immunosuppressant

APIXABAN - Circulatory

ARICEPT - Alzheimer's, Dementia

ARIXTRA - Circulatory

ASPIRIN-DIPYRIDAMOLE - Circulatory

BICALUTAMIDE - Cancer

BIDIL - Heart

BRILINTA - Heart, Circulatory

BUPRENORPHINE HCL - NALOXONE HCL DIHYDRATE - Addiction

CALCIUM ACETATE - Kidney Disease

CELLCEPT - Organ Transplant

CILOSTAZOL - Circulatory

CINACALCET HCL - Kidney Disease, Cancer

CLOPIDOGREL - Circulatory

COUMADIN - Circulatory

DABIGATRAN ETEXILATE MESYLATE - Circulatory

DALIRESP - COPD, Emphysema

DIGOX - Heart

DIGOXIN - Heart

DIPYRIDAMOLE - Circulatory

DONEPEZIL HCL - Alzheimer's, Dementia

DRONABINOL - Cancer

DRONEDARONE HCL - Heart

EFFIENT - Circulatory

ELIQUIS - Circulatory

ENBREL - Immunosuppressant

ENOXAPARIN SODIUM - Circulatory

rv 5/25/17

EPOETIN ALFA - Circulatory

EXELON - Alzheimer's, Dementia

FEMARA - Cancer

FLECAINIDE ACETATE - Heart

FONDAPARINUX SODIUM - Circulatory

HARVONI - Hepatitis C

HEPARIN SODIUM - Circulatory

HUMIRA - Immunosuppressant

HYDROXYUREA - Cancer, Circulatory

IMDUR - Heart

ISONIAZID - Lung Disease (Tuberculosis)

ISOSORBIDE DINITRATE - Heart

ISOSORBIDE DINITRATE - HYDRALAZINE HCL - Heart

ISOSORBIDE MONONITRATE ER - Heart

JANTOVEN - Circulatory

LANOXIN - Heart

LEDIPASVIR-SOFOSBUVIR - Hepatitis C

LETROZOLE - Cancer

LOVENOX - Circulatory

MEMANTINE HCL - Alzheimer's, Dementia

MULTAQ - Heart

MYCOPHENOLATE MOFETIL - Organ Transplant

NAMENDA - Alzheimer's, Dementia

NITROGLYCERIN - Heart

NITROGLYCERIN TRANSDERMAL - Heart

NITROLINGUAL PUMPSPRAY - Heart

NITROSTAT - Heart

PACERONE - Heart

PARICALCITOL - Kidney Disease

PEGASYS - Hepatitis C

PEGINTERFERON ALFA 2 - Hepatitis C

PENTOXIFYLLINE ER - Circulatory

PLAVIX - Circulatory

PLETAL - Circulatory

PRADAXA - Circulatory

PRASUGREL HCL - Circulatory

PROCRIT - Circulatory

RANEXA - Heart

RANOLAZINE - Heart

RENEVA - Kidney Disease

RIFAMPIN - Lung Disease (Tuberculosis)

RIVAROXABAN - Circulatory

RIVASTIGMINE - Alzheimer's, Dementia

ROFLUMILAST - COPD, Emphysema

SENSIPAR - Kidney Disease, Cancer

SEVELAMER CARBONATE - Kidney Disease

SOFOSBUVIR - Hepatitis C

SOTALOL HCL - Heart

SOVALDI - Hepatitis C

SPIRIVA HANDHALER - COPD, Emphysema

SUBOXONE - Addiction

TACROLIMUS - Cancer

TAMOXIFEN CITRATE - Cancer

TICAGRELOR - Heart, Circulatory

TIOTROPIUM BROMIDE MONOHYDRATE - COPD, Emphysema

TRENTAL - Heart

TUDORZA PRESSAIR - COPD, Emphysema

WARFARIN SODIUM - Circulatory

XARELTO - Circulatory

ZEMPLAR - Kidney Disease



Chronic Conditions List

Below is a partial list of the most common chronic health conditions that would require a “yes” answer to a Significant Health Condition on the application, even if the initial diagnosis or treatment is over 2 years ago. These conditions are considered an active diagnosis.

Alzheimer’s - Memory

Amyotrophic Lateral Sclerosis (ALS – Lou Gehrig disease) – Degenerative Disorder

Aortic Stenosis - Circulatory

Atherosclerosis – Circulatory

Cardiomyopathy – Heart

Chronic Bronchitis – Lung

Chronic Kidney Disease – Liver/Kidney

Chronic Obstructive Pulmonary Disease (COPD) - Lung

Chronic Tuberculosis (TB) - Lung

Cirrhosis – Liver/Kidney

Congestive Heart Failure (CHF) – Heart

Coronary Artery Disease (CAD) - Heart

Cystic Fibrosis - Lung

Dementia - Memory

Emphysema - Lung

Hepatitis C - Liver/Kidney

Organic Brain Syndrome - Memory

Peripheral Artery Disease (PAD) - Circulatory

Pulmonary Fibrosis - Lungs

Pulmonary Hypertension - Circulatory

Sarcoidosis of the Lungs - Lungs

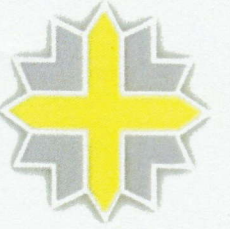
Unresolved Aneurysm - Circulatory

Uninsurable Medication List

Below is a partial list of the most common medications which are prescribed to treat uninsurable conditions. If an applicant is taking or has been prescribed one of these medications, no coverage can be written. Please keep in mind that this is a partial list and that there are other medications also considered to be uninsurable.

HIV/AIDS

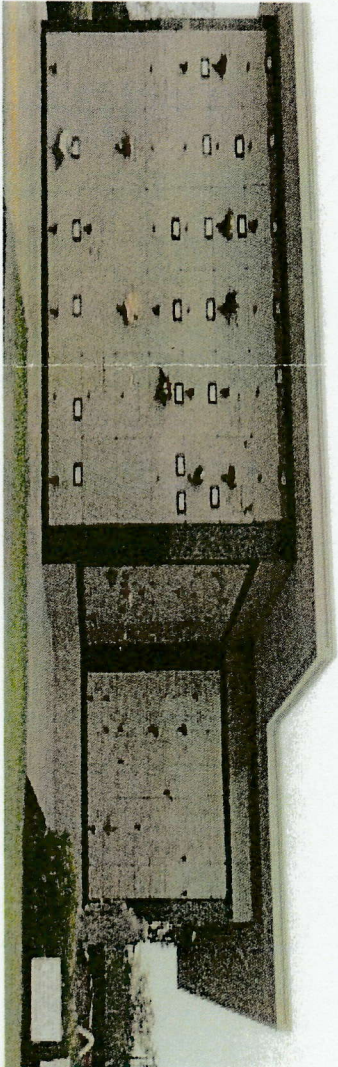
Atripla	Invirase
Abacavir	Lexiva
Agenerase	Norvir
Cidofovir	Prezista
Combivir	Retrovir
Crixivan	Reyataz
Cytovene	Sustiva
Didanosine	Tenofovir
Epivir	Truvada
Epzicom	Videx
Fosamprenavir	Viracept
Foscarnet Sodium	Viramune
Ganciclovir	Vistide
Isentress	Zerit
	Zidovudine



OUR LADY OF MERCY CATHOLIC CEMETERY

MAYO 2016

RESURRECTION CRYPTS. MOUSOLEUM TANDEM



BLDG. 301. WALL 103 & 104

BLDG. 303. WALL 100-101-103 Y 104

LEVEL: F Y G


VIOLBETA MOSQUERA
CATHOLIC CEMETRIES
786-260-8031

CRYPT (TANDEM) FOR 2 PEOPLE

\$ 5,495.00

OPENING AND CLOSING (2)

\$ 1,990.00

DOC. FEES

\$ 55.00

ADMIN FEE

\$ 75.00

TOTAL

\$ 7,615.00

DOWN PAYMENT (5%)

\$ (452.00)

BALANCE

\$ 7,163.00

MONTHLY PAYMENTS PAD O RRC / 84 MONTHS

\$ 85.27

I-OPEN

NO OPEN

6.620

5.625

(-265)

(-230)

6.355

5.395

$\frac{\$ 75.65}{84 M}$

$\frac{\$ 65}{84 M}$

Funeral Costs Are Rising FAST



For the last 30 years, funeral costs have been growing much faster than the overall Consumer Price Index¹.

COMMON COST OF FUNERAL:
\$15,355.00 and up

FUNERAL AND CEMETERY COST BREAKDOWN

Funeral Costs¹: \$8,755.00

INCLUDES:

Professional service charges, transfer of remains, embalming, hairdressing/cosmetology, visitation/viewing, service at funeral home or church, hearse, service car/flower van, acknowledgement cards, casket (steel with velvet interior), burial vault

Average Cemetery Costs²:

Plot..... \$3,000.00

Opening and closing of grave \$1,600.00

Upright Stone Marker \$2,000.00

\$15,355.00

1 Source: National Funeral Directors Association, Trends and Statistics, 1960-2015

Funerals – A Consumers Guide, FEDERAL TRADE COMMISSION, www.ftc.gov

2 Source: Funeral Consumer Guardian Society®

Things You Need to Know

The Funeral Rule of 1984 protects your rights.

The Funeral Consumer Guardian Society® believes it is in the best interest of families everywhere to be aware of their consumer rights, as stated in this important law. The law was enacted in 1984 to stop funeral homes from persuading people to buy goods and services they did not want or need, and charging them highly marked-up prices on the items they did want.

- General Price List (GPL) — A funeral home must provide a dated price list before discussion begins regarding any arrangements.
- Telephone price disclosure — A funeral home must give accurate information as to their GPL, casket price list and outer-burial container price list.
- Casket price list — Funeral homes are required to show a dated, printed casket price list that also lists alternative containers.
- Itemized statement of goods and services — Once arrangements are made, a funeral home must give a statement itemizing each service and each product chosen, their separate costs, and the total cost.
- Embalming — A funeral home must notify you if embalming isn't required by law in your state. Also, it may not embalm without prior consent.
- Casket — A funeral home can't refuse a casket bought from an outside source or charge a handling fee.
- Preservation and protective claims — A funeral provider cannot tell you that embalming, sealer caskets or sealer burial vaults will preserve the body indefinitely in the grave. Similarly, they cannot claim such features will keep out water or dirt if that is not true.

Life insurance is one of the most efficient and trusted ways to finance final expenses.

- Benefit goes directly to the beneficiary.
- No federal tax on insurance benefits in most cases.
- Proceeds are not tied to any one funeral industry provider —instead the money can be used anywhere in the world.
- Life insurance may help family members avoid probate costs.

Shipping remains for burial elsewhere in the U.S. can increase funeral costs by as much as \$2,000.

- People who retire out-of-state, but wish to be buried back home someday, should make sure their funding arrangements will cover this additional cost.
- Also — If a person dies overseas on vacation or business travel, it can cost as much as \$12,000 to have the remains shipped back home for burial.
Source: Assist America, Inc. (AAI)

Insurance benefits often go unclaimed because the beneficiary simply did not know about the policy — or couldn't find it.

- The Funeral Consumer Guardian Society can make sure loved ones know about any life insurance policies you may have now, or in the future.
- Beware of using a safe-deposit box to store your important documents, which can result in time-wasting legal clearance efforts that will have to take place before the box's contents are made available.



FAMILY FUNERAL CHAPELS
AND CREMATORY

333 N.E 2nd Avenue
Miami, FL 33137
(305) 573-4310

4600 SW 8th Street
Coral Gables, FL 33134
(305) 446-4412

11240 N. Kendall Drive
Miami, FL 33176
(305) 271- 1222

GENERAL PRICE LIST

For your convenience we have included our general price list for services we provide. If you have any questions or would like to make an appointment please feel free to contact us.

****These prices are effective as of April 30, 2014****

(Subject to change without notice)

Option #1 Advancement Payment or Pre-Funded Arrangements

Option #2 Cash, Check (subject to funds verification), Credit Card, Debit Card (Mastercard, Visa, and American Express 'all with a 2.5% ad-on charge')

Option #3 Life Insurance (Same as Cash) for Funeral charges only (Not cash advances) we will accept in certain instances, verified insurance policies, with assignment. There will be a 8.9% insurance assignment processing fee.

Option #4 In situations where the deceased's Estate must accept the burden of the funeral expense, we ask that a family member pay the funeral expense by one of the above listed methods of payment and file their claim for reimbursement with the Estate.

We will make arrangements for your cash advances (Death Certificates, Obits, Flowers, Beautician, Transportation charges, etc.) ***HOWEVER, THESE CHARGES MUST BE PAID FOR AT THE TIME OF ARRANGEMENTS.**

BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF

\$1,995.00

Our charge includes funeral counseling, necessary arrangements, recording vital statistics, securing permits, filing and obtaining, death certificates, and other forms and claims, preparation of necessary notices, and coordination of service plans with parties involved in the final disposition of the deceased. This fee is for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee already included our charges for direct Cremations, immediate burials and forwarding or receiving remains.)

EMBALMING OR REFRIGERATION

\$750.00

Except in certain cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as FUNERAL WITH VIEWING. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial. *It is the policy of Lewis Funeral Homes, Inc., that if you choose any services in which there will be public a viewing, (exceeding the immediate family only 15 min. I.D. viewing); embalming is necessary for the safety and health of the public.

OTHER PREPARATION OF THE BODY

- Dressing, Casketing, Cosmetology, and any type of preparation for viewing
\$295.00
- Restoration of Autopsies Remains, additional charge
\$295.00
- Restoration of Tissue Donation, additional charge
\$295.00

USE OF FACILITIES, STAFF, AND EQUIPMENT

- Funeral Ceremony (Conducted at Funeral Home)
\$595.00
- Visitation/ Viewing (Conducted at Funeral Home) Public viewing
\$395.00
- Memorial Service (Conducted at Funeral Home)
\$595.00
- Identification Viewing on viewing table (one 15 min. session, immediate family only)
\$195.00

USE OF STAFF AND EQUIPMENT

- Funeral Ceremony (Conducted at another facility)
\$595.00
- Visitation/ Viewing (Conducted at another facility-when allowed) Public Viewing
\$395.00
- Memorial Service (Conducted at another facility under our direction)
\$595.00
- Graveside Service
\$595.00
- Opening and Closing of Grave with complete set-up (Week Day)
\$995.00
- Opening and Closing of Grave with complete set-up (Week End)

\$1,195.00

- Perpetual Care Cemetery (Families must meet with cemetery office to finalize their requirements)

Their Charge

TRANSFER OF REMAINS TO FUNERAL HOME (WITHIN 35 MILE RADIUS)

\$785.00 Additional distance will be charge at \$5.00 per mile.

AUTOMOTIVE EQUIPMENT (Within 35 mile radius - \$5.00 per loaded mile after 35 miles)

- Casket Coach (Hearse)

\$395.00

- Limousine

(Quoted from Limousine Service)

- Lead Car

\$220.00

- Service/ Utility (Flower Van)

\$220.00

MISCELLANEOUS SERVICES OR MERCHANDISE

- Visitors Register Package

\$125.00

- Catholic Package

\$95.00

- Crematory Fee

\$395.00

- Engraving Death Rate on Monument

\$195.00/\$225.00

- Rechip Lot

\$200.00

- Estate Filing Fee

\$500.00

- Special Head Panels for Caskets

\$165.00

- Temporary Markers

\$20.00 & up

- Urns or Keepsake Jewelry

As Marked

- Mens Suits / Ladies Dresses - undergarments included

\$200

CASKETS

\$1,795.00 and up (Range of Prices) A complete price list will be provided

OUTER BURIAL CONTAINERS

\$995.00 and up (Range of Prices) A complete list will be provided

FORWARDING REMAINS TO ANOTHER FUNERAL HOME

\$2,625.00 This charge includes local removal of remains, basic services of staff, necessary authorizations, embalming and local transportation (but not shipping or visitation)

RECEIVING REMAINS FROM ANOTHER FUNERAL HOME

As Itemized

This charge includes basic services of staff, local transportation to funeral home & casket coach (local) to cemetery or crematory (excludes visitation and funeral ceremony)

ANATOMICAL DONATION SERVICES (transportation not included)

\$1935.00

CREMATIONS (range of prices) \$2,750 and up

- **Full Service Cremation with Rental Casket**

\$6,505.00 and Up (Rental casket is an Appalachian Oak with Cremation Insert)

- **Direct Cremation with alternative**

\$2,750.00

Our charge for a direct cremation includes local removal, care of remains, transportation to crematory, basic services of staff and authorizations (excludes ceremony and visitation). If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are cardboard/wood combustible containers

- **Direct Cremation (with memorial service/funeral home direction)**

\$3,865.00 and up

- **Direct Cremation (container provided by client)**

\$2,650.00

- **Immediate Burials (range of prices)**

As Itemized

If you would like to have a copy of our Funeral Price List, you can either stop by the funeral home and request a copy or we can mail one to your home.