



FUNERAL HOME

JACOB B. HEBDON TIMOTHY D. COOPER
LICENSED FUNERAL DIRECTORS
215 WEST CENTER STREET
MEDINA, NEW YORK 14103
585-798-4131
WWW.COOPERFUNERALHOME.COM

INSURANCE PROCEEDS ASSIGNMENT

For value received and for the funeral services and burial or other disposition of the body of
_____ (the insured), I hereby assign and transfer to

Cooper Funeral Home, the sum of
_____ dollars (\$ _____)

or so much thereof as is available from the proceeds of Policy Number _____
of the _____, which may be or is due me as beneficiary, or by
reason of some other qualification. I hereby instruct and authorize the

_____ to pay over to Cooper Funeral Home
, the sum of _____ dollars (\$ _____)

which payment shall constitute a release and certificate by me for such assigned and paid
proceeds.

X
Signed (Beneficiary)

STATE OF _____, COUNTY OF _____

On the _____ day of _____ in the year _____ before me, the undersigned,
personally appeared _____, personally known to me or proved to me on
the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies),
and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of
which the individual(s) acted, executed the instrument.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____