Advance Inheritance, LLC

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Thank you for considering a cash advance from Advance Inheritance.

Please complete this form and return to us immediately via fax at 818-407-5168.

If you have any questions please call us, toll-free at 800-624-0878

Heir's Information Summary

Please tell us about vourself

Name	_Address			
City	_State	Zip		
Home Phone ()	Work Phone ()		
E-Mail	Date of Birth/_		-	
Drivers License #State of Issue				
Please tell us about your inheritance				
Deceased's Name	_ Deceased's Relationsh	ip to You	lo: Mothor Est	har Grandmathar Eta \
Date of Death/	% of inheritance yo			
Did the decedent leave a will or trust? Will ☐ Trust ☐ None ☐				
Have you received any portion of the inheritance? YES ☐ \$	NO 🖵			
Have you borrowed against or assigned your inheritance? YES	□ \$ NO □			
Who is in charge of the Estate/Trust (Executor/Trustee)?		_Phone ()	
Who is the Estate/Trust Attorney?		_Phone ()	
Please tell us how we can help				
I would like Advance Inheritance to send me \$	Reason:			
SIGNATURE	Date/			
Authorization to Release Information I/we have applied for an advance through Advance Inheritance information required by Advance Inheritance to complete the information may include: savings and/or investment account bala consumer credit balances; and, payment histories, including more	processing of my/our adv ances; checking account l	ance. Necess palances; retir	ary credi	
SIGNATURE	DATE	11		