

State of Louisiana)
Parish of _____)

ASSIGNMENT

I/We, the beneficiary(s) of Policy(s) # _____, # _____,
_____, # _____, # _____,
issued by the _____ Insurance Company of
_____, _____, on the Life of
_____, Deceased, in the amount of
_____,
(\$ _____), do hereby irrevocably assign and transfer the said amount of referenced
policy(s) to Magnolia Funeral Home, Tax ID # 72-1008040, whose address is 1604 Magnolia
Street, Alexandria, Louisiana, 71301, and phone number is (318) 487-1197, as consideration to
secure indebtedness for services and merchandise rendered by Magnolia Funeral Home, as
evidenced by attached Certified Copy of Death Certificate of herein referenced Decedent.

ATTEST:

Beneficiary Signature

Printed Name of Beneficiary

Social Security Number

Address

City/State/Zip

Phone Number

Date of Birth

Beneficiary Signature

Printed Name of Beneficiary

Social Security Number

Address

City/State/Zip

Phone Number

Date of Birth

Witness Printed Name

Witness Signature

Witness Printed Name

Witness Signature

SWORN TO AND SUBSCRIBED before competent witnesses and me, NOTARY,

this _____ day of _____, 20_____.

NOTARY

Printed Name
