ASSIGNMENT OF PROCEEDS OF INSURANCE

TO: _____
(INSURANCE COMPANY)

_____

_____

I,_____, being entitled to receive benefits
(BENEFICIARY)

under Policy Number _____

issued by _____
(INSURANCE COMPANY)

on the life of _____, now deceased,

and having contracted with and being indebted to Conroy Funeral Home _____
(FUNERAL HOME)

1660 East High Street _____ of Springfield, OH 45505 _____
(CITY-STATE-ZIP)

for funeral services and merchandise for the deceased in the amount of

_____ ($_____),

do hereby set over, assign and transfer unto said Funeral Director the sum of

_____ ($_____),

out of the proceeds of said Insurance Policy; and I Hereby authorize and direct said Insurance Company to make its check

payable to said Funeral Director for the assigned amount and to pay the remainder of the proceeds of said Insurance

Policy, if any, to me. A Statement of charges for funeral expenses for the deceased is attached hereto.

_____ (SEAL)
(BENEFICIARY)

Address _____

Date Signed _____

Sworn and subscribed before me

the _____ day of _____ , _____

_____
NOTARY PUBLIC

My commision expires: _____