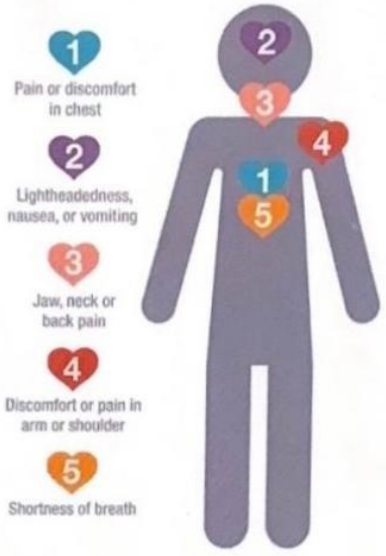
American Heart Association.
life is why™

Common Heart Attack Warning Signs



Learn more at Heart.org/HeartAttack.

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

-American Heart Association

Each year in the United States, about 1.25 million people have heart attacks. 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.

American Heart Association.

https://www.heart.org/en/health-topics/heart-attack

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

"Why didn't I get more life insurance when I was younger...and when it was cheaper?"

IF YOU'VE EVER SAID THAT –
NOW YOU'VE GOT A SECOND CHANCE.

* *
* As an Orchard Bank® cardmember *
* you've been selected to receive an *
* offer to get up to $10,000 graded *
* benefit whole life insurance *
* protection at an affordable cost *
* from United of Omaha Life *
* Insurance Company (United of *
* Omaha). Your acceptance is *
* guaranteed regardless of the *
* condition of your health. Your *
* premium will never increase *
* because of your age or your health. *
* *
* *
* *
* *

Dear Maria G. Alvarez,

For a long time we wanted to do something really important for an exceptional group of Americans. Especially the ones in your age group. The solid, decent, dependable Americans who have raised their families...paid their taxes...served our country...without asking for or getting anything themselves.

So we're happy to offer you a second chance; an opportunity to get up to $10,000 of whole life insurance. Your Guaranteed Life whole life insurance will be issued if you are age 45 to 85. Your acceptance is guaranteed. If you already have policies of this type through United of Omaha, you may own a combined maximum of $25,000. Please see the enclosed information for the benefits, features, exceptions and limitations of this coverage. **Note that in order to guarantee acceptance, death benefits payable for natural causes (any cause other than accidental) are reduced during the first two years you own the policy -- your beneficiary receives all the premiums you've paid plus 20%.**

You can't make a mistake when you complete and mail your Application. The 60-day free look assures you that if you change your mind within that time you can return your policy. You'll get all your money back. It will cost you nothing, not one single penny.

Sincerely,

John R O'Malley

John R. O'Malley, Director, Marketing Services and Licensed Agent
United of Omaha Life Insurance Company

P.S. We strongly recommend that you give this offer your careful consideration. Most people are surprised at how affordable this protection is once they see the enclosed rates. Remember, this insurance does not require a medical examination. Your Application Form is enclosed and takes only a few minutes to fill out.

HSBC Bank USA, N.A., HSBC Bank Nevada, N.A. and/or HSBC Card Services Inc., including their respective affiliates, are not responsible for the products and/or services offered herein.

NOT A DEPOSIT • NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY • NOT GUARANTEED BY A BANK

You can't be turned down for this life insurance. IMMEDIATE ACTION ENVELOPE enclosed.

Affordable Coverage

UP TO **$50,000** in Term Life Insurance Protection

No Medical Exam — Just 3 Health Questions.

Affordable Rates • No Waiting Period

Exclusively for AARP members. Members ages 50 to 74 may apply for this group coverage. Not an AARP member? You can join and apply at the same time.

No medical exam. Your acceptance is based on your answers to just three health questions.

Affordable life insurance. The lower initial rates for term life insurance may allow you to buy higher coverage amounts.

No waiting period. You're protected for your full benefit amount from the first day your insurance becomes effective.

AARP endorsed. Offered through the only life insurance program with the endorsement of AARP.

Simple and quick. Apply by mail in minutes.

Simply return the card below now for your FREE information and your FREE gift. There's no obligation.

Affordable Current Monthly Rates

AARP Level Benefit Term Life from New York Life Insurance Company

	WOMEN'S RATES			MEN'S RATES			
Issue Age	$10,000	$20,000	$50,000	Issue Age	$10,000	$20,000	$50,000
45-49	$8.93	$13.87	$28.67	45-49	$11.42	$18.83	$41.08
50-54	10.46	16.92	36.29	50-54	13.41	22.82	51.04
55-59	14.38	24.77	55.92	55-59	18.12	32.23	74.58
60-64	20.44	36.88	86.21	60-64	24.85	45.70	108.25
65-69	27.38	50.75	120.88	65-69	31.99	59.98	143.96
70-74	39.83	75.65	183.13	70-74	44.65	85.30	207.25

Premiums above are the rates New York Life currently charges. Your initial premium is based on your age at issue; premiums increase as you enter each new five-year age band. Age bands begin at ages 45–49 and end at ages 75–79. Coverage ends at age 80. Premiums are not guaranteed. However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with the same issue age and gender. If relevant statements of age or facts are not accurate, New York Life will make a fair adjustment of premiums and/or insurance. Residents of FL: Michael Horan is a licensed Florida agent for service to Florida residents. Residents of MA, MT and WA have rates different from those shown. Please call for more information.

▼ DETACH HERE. MAIL TODAY. ▼

Get this **FREE PHOTO CALCULATOR** just for requesting a FREE information kit. There is no obligation and the gift is yours to keep no matter what.

Available exclusively to AARP members ages 50–74 and their spouses ages 45–74.

If death results from suicide in the first two years, benefits will not be paid. In MO, ND and WA, specific state rules apply.

1624-04

FREE INFORMATION PLUS A FREE GIFT.

(X) YES! Send me an information kit* and my FREE gift.

( ) NOT an AARP member? Check here and we'll send the information you need to join.

Mr.
Mrs.
Ms.
(Please print) First Name Last Name

Address Apt. No.

City State Zip

Age ( ) Phone (optional) — a representative may call

Return this card or call New York Life toll free

1-800-335-9054 ext. 351

24 Hours a Day — 7 Days a Week

AARP Life Insurance Program from NEW YORK LIFE

www.nylaarp.com/termlife

*Includes details on costs, eligibility, renewability, limitations and exclusions.

1624-04-F RSC35

Key Features:

- **Benefit amounts from $10,000 to $50,000**
- **No medical exam — just 3 health questions**
- **Affordable rates**
- **No waiting period**
- **Valuable "accelerated benefit" feature**
- **A "premium waiver" for nursing home stays**
- **AARP endorsed**
- **30-day FREE look**

AARP® | Life Insurance Program from NEW YORK LIFE

1332-09FL-D1

Questions About AARP Le

Q. Will I need a medical exam when I apply?

A. No. You won't need to see a doctor or take any medical tests. Acceptance is based on your answers to three simple health questions. If you're an AARP member between the ages of 50 and 74, you can apply for this coverage from New York Life Insurance Company. Your spouse, if between the ages of 45 and 74, is also eligible to apply even if you don't.

Q. Is there a waiting period for full benefits?

A. No. You're covered for your full benefit amount from the day coverage takes effect — normally seven days after your Enrollment Form is approved, provided premiums are paid when due. The effective date will be on your Certificate of Insurance.

Q. Will my benefits decrease?

A. Your benefits are guaranteed not to decrease, even if your health declines, until insurance ends at age 80.

The premiums are arranged in five-year age bands and will increase as you enter each new band. See the enclosed rate chart for full details.

Q. How long can I keep this insurance?

A. You can keep this protection until insurance ends at age 80, regardless of your health. Once you're insured, your coverage can never be cancelled without your consent prior to age 80, provided you pay your premiums when they are due. However, during the first two years, New York Life reserves the right to cancel your insurance if your Enrollment Form contains material misrepresentations about your medical history.

---

* Please note that receipt of "accelerated benefit" insurance proceeds ma to determine how this may affect your personal situation. Premiums c

** The nursing home must be primarily engaged in providing skilled nur drug addicts or alcoholics; for the care and treatment of mental diseas coverage for permanent life insurance.

† Ratings as of 4/1/12. A.M. Best (A++) Highest Rating, Fitch (AAA) H

- ✓ No Agent Will Visit
- ✓ No Medical Exam - Just A Few Yes/No Health Questions
- ✓ No Waiting Period
- ✓ Five Different Coverage Amounts To Choose From
- ✓ Buy Direct By Mail
- ✓ 30-Day Guarantee

Don't Leave Your Family Buried In Debt

-$1* BUYS- $50,000 LIFE INSURANCE

POLICY DESCRIPTION: This is a modified premium term-to-age-90 product. The initial term period can either be 1, 2, 3, 4 or 5 years in duration, depending upon issue age. All renewal term periods begin at a 5-year plus one age (i.e. 21, 26, 31, 36...86) and will be 5 years in length except for the final term period. The final 4-year period, which always begins at age 86, will expire and the policy will terminate at the policy anniversary following the insured's 90th birthday.

MIB, Inc., Pre-Notice: Information regarding your insurability will be treated as confidential. Globe Life And Accident Insurance Company, or its reinsurers

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • A LEGAL RESERVE STOCK COMPANY
ADMINISTRATIVE OFFICE: GLOBE LIFE CENTER • OKLAHOMA CITY, OK 73184

APPLICATION FOR INSURANCE

IMPORTANT: Please be sure each question on the application is answered

Proposed Insured Name (First, M.I., Last) Please Print	Date of Birth (Required)		Amount of Insurance (Check One)
	mm / dd / yy	☐ Male ☐ Female	☐ $5,000 ☐ $10,000 ☐ $20,000 ☐ $30,000 ☐ $50,000

Address _____ Apt. _____

City _____ State _____ Zip _____

Telephone ( ) _____ E-mail Address _____

(Telephone and E-mail Address for Customer Service Use Only)

Beneficiary Name (Please Print)	Relationship to Proposed Insured (Please Print)

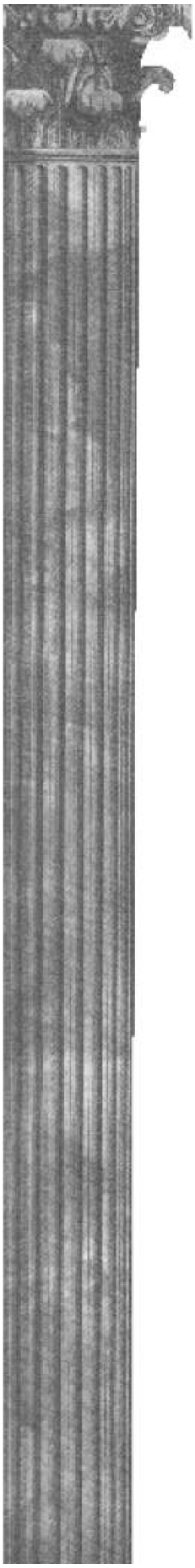
Please answer the following questions. A "yes" response does not automatically make you ineligible for coverage.

		YES	NO
1.	Is the Proposed Insured currently disabled due to illness, confined to a hospital or nursing facility, or does the Proposed Insured require the use of a wheelchair?	☐	☐
2.	In the past 3 years, has the Proposed Insured been diagnosed or treated by a member of the medical profession for:		
	(a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver?	☐	☐
	(b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes?	☐	☐
3.	In the past 3 years, has the Proposed Insured 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?	☐	☐
4.	Has the Proposed Insured received diagnosis or treatment by a licensed member of the medical profession for any chronic illness or condition which requires periodic medical care or may require future surgery?	☐	☐
5.	Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this application?	☐	☐

If yes, list company name: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I AM ENCLOSING THE INITIAL PREMIUM AND UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL BECOME EFFECTIVE ON THE DATE THIS APPLICATION IS APPROVED IN THE ADMINISTRATIVE OFFICE OF GLOBE LIFE AND ACCIDENT INSURANCE COMPANY. Should the application be declined, the amount paid will be refunded. All statements made are representations, not warranties. I hereby authorize MIB, Inc. ("MIB"), any insurance company, hospital, physician, or other practitioner that possesses any records of me or my physical or mental health and/or treatment, and any pharmacy or any pharmacy benefits manager that possesses prescription history about me, to give any and all such information to Globe Life And Accident Insurance Company for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize Globe Life And Accident Insurance Company, or its reinsurers, to make a brief report of my personal health information to



BREWER & SONS
Funeral, Cremation & Cemetery Services
A Family Owned Service Company

Quality Service. Best Price. *Guaranteed.*

The goods and services shown herein are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. Our services are available as itemized charges as required by Federal Law. We have selected several services that our families request in package options. You may choose either itemized or package services when available.

FOR THE BEST VALUE REVIEW OUR HERITAGE FUNERAL AND CREMATION PACKAGES.

If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

OUR PROMISE TO YOU

- The best funeral and cremation prices
- Staff that is courteous and understanding
- Facilities that are comfortable and clean
- Services handled with dignity and respect

SERVICE GUARANTEE

We guarantee that if you are not completely satisfied with any aspect of our professional services, you will not be charged for that particular service item. We honor all prearranged funeral plans. For more information go to www.brewerfuneral.com.

Brooksville Chapel
1190 S. Broad St. Brooksville, FL 34601
352-796-4991 Fax 352-799-6451

Spring Hill Chapel
4450 Commercial Way Spring Hill, FL 34606
352-596-4991 Fax: 352-596-9070

Seven Hills Chapel
280 Mariner Blvd. Spring Hill, FL 34609
352-688-4991 Fax: 352-686-5673

Tampa Chapel
3328 S. Dale Mabry Tampa, FL 33629
813-835-4991 Fax: 813-839-1131

Dunedin Chapel
at Parklawn Cemetery
2966 Belcher Rd. Dunedin, FL 34698
727-314-4991

Kurfiss Clermont Chapel
1018 West Ave. Clermont, FL 34711
352-394-8500 Fax: 352-394-2227

Kurfiss Groveland Chapel
132 E. Magnolia St. Groveland, FL 34736
352-429-3500 Fax: 352-429-5213

www.brewerfuneral.com **Toll Free: 1-800-722-4991** **Jan. 1, 2023**

OUTER BURIAL CONTAINER PRICE LIST

These prices are effective as of Jan. 1, 2023, but subject to change without notice.

CASKETS (range): ..... $1,095.00 - $45,000.00

A complete price list will be provided at the funeral home, special order caskets are available upon request.

DISCLAIMER OF WARRANTIES

Brewer & Sons makes no representations or warranties regarding the caskets listed above. The only warranties, expressed or implied, granted in connection with caskets sold is the express written warranties, if any, extended by the manufacturers thereof. Brewer & Sons hereby expressly disclaims all warranties, expressed or implied, relating to the caskets, including, but not limited to, the implied warranties or MERCHANTABILITY and fitness for a particular purpose.

OUTER BURIAL CONTAINERS (range) ..... $1,095.00 - $20,000.00

A complete price list will be provided at the funeral home, special order outer burial containers are available upon request.

DISCLAIMER OF WARRANTIES

In most areas of the country, state or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so the grave will not cave in. Either a burial vault or grave liner will satisfy these requirements.

ALTERNATIVE CONTAINERS (range) ..... $ 100.00 - $35,000.00

A complete price list will be provided at the funeral home.

DISCLAIMER OF WARRANTIES

Brewer & Sons makes no representations or warranties regarding the outer burial containers or alternative containers listed above. The only warranties, expressed or implied, granted in connection with any, extended by the manufacturers thereof. Brewer & Sons hereby expressly disclaims all warranties, expressed or implied, relating to the outer burial containers, including, but not limited to, the implied warranties of MERCHANTABILITY and fitness for a particular purpose.

URNS (range) ..... $25.00 - $10,000.00

MEMORIAL MERCHANDISE

A. Acknowledgment cards (50) - *(per printing)*: ..... $40.00 - $75.00
B. Register Books *(range)* ..... $45.00 - $395.00
C. Memorial Folders/Prayer Cards *(per 50)* ..... $40.00 - $75.00
D. Memorial Package *(all of the above)* ..... $125.00 - $525.00

OTHER ADDITIONAL CHARGES

Cremation *(not including overhead charges)* $895.00
Opening/Closing Grave - Private Cemetery $1,995.00
Opening/Closing Grave...(Saturday) - Private Cemetery $2,295.00
Opening/Closing Grave...(Sunday) - Private Cemetery $2,595.00
Opening/Closing Grave...(Holidays) - Private Cemetery $3,995.00
Opening/Closing "Urn" Direct Drop-In- Private Cemetery $597.50
Opening/Closing "Urn" Grave Full Set-up - Private Cemetery $997.50
Opening/Closing "Urn" Grave Full Set-up (Saturday) - Private Cemetery $1,147.50
Opening/Closing "Urn" Grave Full Set-up (Sunday) - Private Cemetery $1,297.50
Opening/Closing "Urn" Grave Full Set-up (Holidays) - Private Cemetery $1,997.50
Estate Handling $500.00
Limousine (private) 3 hours *(7 passenger)* $495.00
Each additional hour $200.00
Remains to Orlando Airport $350.00
Remains to Tampa Airport $350.00
Remains to Florida National Cemetery $395.00
Scatter cremains over Atlantic / Gulf *(Boat)* $250.00
(Plane) ..... Have to call
Use of Funeral Director...*(Per Hour)* $350.00
Cremation Processing Fee $100.00
Transport of Urns *(Out of State)* $195.00
Rental Casket *(Range)* ..... $1,095.00 - $1,585.00
Processing Fee Prearrangements under $1,000.00 - $25.00, over $1,000.00 - $50.00 ..... $25.00-$50.00
Payment Coupon Book $25.00
Catholic Package- Crucifix & Rosary $75.00
Veterans Packages -Wood Flag Case ..... $150.00 and up

Insurance Assignment Processing Fee ..... up to 6% of Assignment
Dove Release $350.00
Video Tribute *(per 25 pictures and 1 song)* $125.00
Additional Copies ..... $ 35.00
Canvas Photo $250.00
Urn Chariot $250.00
brewerfuneral.com Obit ..... $200.00 - $350.00
Expedite Fee $45.00

Additional charges apply for our services after 5 p.m., Saturdays, Sundays and Holidays

Identification viewing or Cremations after 5 p.m., Saturday or Sunday *(per day)* $300.00
Identification viewing or Cremations, Holidays *(per day)* $750.00
Visitation or Services Saturday or Sunday *(per day)* $725.00
Visitation or Services Holidays *(per day)* $1,000.00
Below is space for other options

_____ $_____
_____ $_____
_____ $_____
_____ $_____

THE ABOVE PRICE LIST IS COMPOSED FOR USE BY
Brewer & Sons
Funeral Cremation & Cemetery Services

Newcomer

Cremations • Funerals • Receptions

East Orlando Chapel
895 South Goldenrod Rd.
Orlando, FL 32822
(407) 277-4227

South Seminole Chapel
335 East State Rd. 434
Longwood, FL 32750
(407) 260-5400

Winter Park Chapel
3806 Howell Branch Rd
Winter Park, FL 32792
(407) 678-4500

www.NewcomerOrlando.com

General Price List

These prices are effective as of January 24, 2023
(These prices are subject to change without notice.)

Our Promise to You

- The best cremation and funeral prices
- Staff that is courteous and understanding
- Facilities that are comfortable and clean
- Services handled with dignity and respect

We guarantee that if you are not 100% satisfied with any aspect of our service, we will make every effort to correct the situation. If we cannot correct it to your satisfaction, you will not be charged for that particular service item.

Payment Policy

We realize that losing someone you love is a devastating experience. It can be traumatic and influence the decisions that must be made. Therefore, it is important to be realistic with respect to funeral expenditures. It is our intention that your decisions reflect your personal wishes and remain within your budget. We believe that *a life well-lived is worth remembering*. We will assist you in creating a meaningful and personal tribute for your loved one. Thank you for allowing us the honor of serving you.

For your convenience, we accept the following methods of payment determined at the time of arrangement:

- Cash
- Personal Check (subject to electronic funds verification)
- Credit Card (VISA, MasterCard, or Discover)
- Insurance Assignment (subject to a third-party convenience fee of 3.5%)

All financial arrangements are made with the Purchaser, and not with the estate of your loved one.

Becker
FUNERAL HOME

806 W. Minneola Avenue
Clermont, Florida 34711
352/394-7121
www.beckerfamilyfuneral.com

Family Owned and Operated

Ron Becker, Owner
Charles J. Becker, Owner, Funeral Director in Charge
Joe E. Humphrey, Funeral Director
Steven Stipanovich, Funeral Director

GENERAL PRICE LIST

These prices effective as of **January 5, 2011,** but thereafter subject to change without notice.

Our commitment to the communities we serve:

- To provide the public with information about funerals, including prices, and about the functions, services and responsibilities of funeral directors.
- To allow an opportunity to all persons to discuss or arrange funerals in advance.
- To make no representation, written or oral, which may be false or misleading, and to apply a standard of total honesty in all dealings.
- To assure those we serve the right of personal choices and decision in making funeral arrangements.

Price and Value

We understand that you only have one opportunity to celebrate and recognize the life of your loved one. We also feel we have only one chance to perform our services sensitively and correctly. For over 35 years the Becker family has been adhering to the highest standards of service.

Payment Policy

All payments are expected to be made at the arrangement conference, unless other arrangements are made.

- We accept cash, personal, cashiers or company checks, Visa and MasterCard
- We will accept, in certain instances, verified insurance policies, with assignment. There will be a 7% insurance assignment processing fee.

Being a small business and the uncertainty regarding estate payments, we are not able to file against estates for payment of our fees.

Lincoln Heritage Life Insurance Company

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: Victor | Inicial: | Apellido: Garcia-Lara

Correo electrónico: @ | Teléfono: - -

Dirección: 126 | # de Apt: | Ciudad: Winter Haven | Estado: FL | Código postal: 33880

INFORMACION DEL SOLICITANTE: *todos los solicitantes deben residir de forma permanente en los Estados Unidos.*

Nombre: Victor | Inicial: | Apellido: Garcia-Lara | Relación con el Propietario: Mismo

Dirección: 126 | # de Apt: | Ciudad: Winter Haven | Estado: FL | Código postal: 33880

Teléfono: - - | NSS: - - | Edad: 54 | Fecha de nacimiento: - - 1967 | Sexo: ■ Masculino ☐ Femenino

Destinatario secundario (con el fin de notificar pagos adeudados de primas y posible lapso en la cobertura)

Nombre y dirección:

INFORMACION DEL BENEFICIARIO

Nombre Primario: Eliud | Inicial: | Apellido: Santiago-Lopez | Relación: Esposa100%

Dirección: | Teléfono: - -

Nombre Contingente: Cristian | Inicial: Noe | Apellido: Garcia Santiago | Relación: Hijo100%

OPCIONES DE ADITAMENTOS	Aditamento para hijos ☐Sí ■No	0	Unidades por hijo	Aditamento de AD&D ■Sí ☐No	5	Unidades	
PLAN	■ Gasto final ☐ Pago de 20 años ☐ Beneficio por fallecimiento modificado	METODO DE PAGO	■ Giro mensual ☐ Anual ☐ Semestral ☐ Trimestral ☐ Directo mensual	FECHA DE PAGO	5	(1al 28 únicamente)	

Cantidad de la cobertura	$ 14000 00
Prima Mensual	$ 66 28
Prima del Aditamento	$ 5 00
PRIMA MENSUAL TOTAL	$ 71 28

PREGUNTA SOBRE TABACO En los últimos 12 meses, ¿el solicitante ha consumido alguna forma de tabaco? ☐ Sí ■ No

CONDICIONES NO ASEGURABLES

1. ¿Un médico le diagnosticó positivamente al solicitante una enfermedad terminal? ☐ Sí ■ No
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 causado por la infección del VIH u otra enfermedad o condición proveniente de dicha infección? ☐ Sí ■ No
3. ¿El solicitante está actualmente confinado a la cama, hospitalizado, encarcelado, en un centro de atención o recibiendo cuidados paliativos? ☐ Sí ■ No

ENFERMEDADES SIGNIFICATIVAS: *si la respuesta es "Sí" 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 cardiaca, incluyendo ataques cardíacos, cirugía cardíaca, o insuficiencia cardíaca congestiva? ☐ Sí ■ No
2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación? ☐ Sí ■ No
3. ¿Cáncer aparte del cáncer en las células basales de la piel? ☐ Sí ■ No
4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema? ☐ Sí ■ No
5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos? ☐ Sí ■ No
6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)? ☐ Sí ■ No
7. ¿Abuso de alcohol o drogas? ☐ Sí ■ No
8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal? ☐ Sí ■ No
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? ☐ Sí ■ No

REEMPLAZO

1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades? ☐ Sí ■ No
2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades? ☐ Sí ■ No

Si la respuesta a la pregunta dos (2) es "sí", detalle: La compañía | No. de póliza

PRESTAMO AUTOMATICO DE PRIMAS ¿Se solicita el Préstamo Automático de Primas? ■Sí ☐No

ENTREGA Enviar la póliza por correo al: ■ Propietario ☐ Productor

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: DocuSigned by: VICTOR GARCIA | Firma del Solicitante: DocuSigned by: VICTOR GARCIA L 1C3CB646FDDA47F... | Firmado en el Estado: FL | Fecha: 4/24/2022

CONFIRMACIÓN DEL PRODUCTOR ¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante? ☐Sí ■No Según mi leal saber y entender. el reemplazo ☐ está ■ no está involucrado en esta transacción. Si está involucrado el reemplazo, yo le presenté y leí al solicitante un aviso relacionado con el reemplazo.

Firma del Productor: PAOLA DIAZ CA4DB82644D34D6... | Número del Productor: 57 -

Nombre del Productor: Paola | Apellido del Productor: Diaz | Número de licencia de Florida:

14FEAPP-FLSP | PV Ref #

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NOTICE - This is a translation of a document originally drawn up in English. Accordingly, it is understood that all the legal rights, responsibilities and/or obligations are governed by the original English version of this document and shall control in any disputes, complaints or litigation.

V!

Lincoln Heritage®
LIFE INSURANCE COMPANY

July 15, 2022

Eliud Santiago-Lopez

Winter Haven, FL 33880-6117

Deceased: Victor Garcia-Lara

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:	
Check Date:	July 15, 2022
Check Paid to:	Eliud Santiago-Lopez

Death Benefit	$14,000.00
Interest (See check stub for details)	30.68
Check Enclosed for	**$14,030.68**

If you have any questions, please contact us at 1-855-706-2396.

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage LIFE INSURANCE COMPANY

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

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

INFORMACIÓN DEL PROPIETARIO

Nombre /
Correo electrónico / Teléfono /
Dirección Ciudad Estado Código postal

INFORMACIÓN DEL SOLICITANTE: todos los solicitantes deben residir de forma permanente en los Estados Unidos

Nombre Israel Yonier Mejias Cancho Relación con el Propietario Mismo
Dirección [redacted] Ciudad Orlando Estado FL. Código postal 32822
Teléfono 407- 724- [redacted] NSS 599-[redacted] Edad 26 Fecha de nacimiento 8-01-[redacted] Sexo M

Destinatario secundario (nombre y dirección)

Beneficiario primario Jailles A. Rios Rivera Relación Esposa
Dirección Teléfono Cantidad de la Cobertura $ 6,750
Beneficiario contingente Ibelys Cancho Relación Madre Prima mensual $

OPCIONES DE ADITAMENTOS

Aditamento para Hijos ☐ Sí ☒ No # Unidades por hijo
Aditamento de AD&D ☒ Sí ☐ No 1 Unidades
Prima del aditamento $

PLAN

☐ Gastos finales
☒ Pago de 20 años
☐ Beneficio por fallecimiento Modificado

MÉTODO DE PAGO

☒ Giro mensual
☐ Anual ☐ Trimestral
☐ Semestral ☐ Directo mensual

FECHA DE PAGO

13 (1 al 28 únicamente)

PRIMA MENSUAL TOTAL $ 24.95

PREGUNTA SOBRE TABACO

En los últimos doce (12) meses, ¿el solicitante ha consumido alguna forma de tabaco? ☐ Sí ☒ No

CONDICIONES NO ASEGURABLES

1. ¿Un médico le diagnosticó positivamente al solicitante una enfermedad terminal? ☐ Sí ☒ No
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 causado por la infección del VIH u otra enfermedad o condición proveniente de dicha infección? ☐ Sí ☒ No
3. ¿El solicitante está actualmente confinado a la cama, hospitalizado, encarcelado, en un centro de atención o recibiendo cuidados paliativos? ☐ Sí ☒ No

ENFERMEDADES SIGNIFICATIVAS: *si la respuesta es "Sí" 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? ☐ Sí ☒ No
2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación? ☐ Sí ☒ No
3. ¿Cáncer aparte del cáncer en las células basales de la piel? ☐ Sí ☒ No
4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema? ☐ Sí ☒ No
5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos? ☐ Sí ☒ No
6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)? ☐ Sí ☒ No
7. ¿Abuso de alcohol o drogas? ☐ Sí ☒ No
8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal? ☐ Sí ☒ No
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? ☐ Sí ☒ No

REEMPLAZO

1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades? ☐ Sí ☒ No
2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades? ☐ Sí ☒ No
   Si la respuesta a la pregunta dos (2) es "sí", detalle la compañía y número de póliza 5700030[redacted]

PRÉSTAMO AUTOMÁTICO DE PRIMAS

¿Se solicita el Préstamo Automático de Primas? ☒ Sí ☐ No

ENTREGA

Enviar la póliza por correo al: ☒ Propietario ☐ Productor

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.

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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 [signature] Firma del Solicitante [signature]
Si tiene quince (15) años de edad en adelante
Firmado en el Estado Florida Fecha 5-25-16

CONFIRMACIÓN DEL PRODUCTOR

¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante? ☐ Sí ☒ No Según mi leal saber y entender, el reemplazo ☐ está ☒ no está involucrado en esta transacción. Si está involucrado el reemplazo, yo le presenté y leí al solicitante un aviso relacionado con el reemplazo.

Firma del Productor [signature] Número del Productor 57-010[redacted]
Nombre escrito con letra de molde Edgardo Diaz Número de licencia de Florida W-24[redacted]

12FEAPPRA-FLSP V1

ADVERTENCIA
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NOTICE
This is a translation of a document originally drawn up in English. Accordingly, be it known that

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Lincoln Heritage
LIFE INSURANCE COMPANY

June 10, 2016

Jaillen A Rios Rivera
[redacted]
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/lr

Enclosure

Our Business is You

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Marketing Support: (800) 750-6404
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 Angelia Lucretia King
Email Phone [redacted]
Address 1124 Roan Ct City Kissimmee State Fl Zip 34759

APPLICANT INFORMATION – *All applicants must permanently reside in the United States.*

Name Mack King Relationship to Owner father
Address 1124 Roan Ct. City Kissimmee State Fl Zip 34759
Phone SSN [redacted] Age 79 Date of Birth 08-17-33 Sex Male
Secondary Addressee (Name and Address)
Primary Beneficiary Angelia L. King (40) Relationship daughter
Address Phone [redacted] Coverage Amount $ 8,500
Contingent Beneficiary Tamara King Relationship daughter Monthly Premium $

RIDER OPTIONS

Child Rider ☐Yes ☐No ____ Unit(s) Per Child | AD&D Rider ☑Yes ☐No 1 Unit(s) | Rider Premium $

PLAN	PAYMENT METHOD	DUE DATE	
☐ Final Expense	☑ Monthly Draft		
☐ 20 Year Pay	☐ Annual ☐ Quarterly	15th	TOTAL MONTHLY PREMIUM $ 164.47
☑ Modified Death Benefit	☐ Semi-Annual ☐ Monthly Direct	(1st thru 28th only)	

TOBACCO QUESTION

In the past twelve (12) months, has the applicant used any form of tobacco? ☐Yes ☑No

UNINSURABLE CONDITIONS

1. Has the applicant been positively diagnosed by a physician as having a terminal illness? ☐Yes ☑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? ☐Yes ☑No
3. Is the applicant currently bedridden, hospitalized, incarcerated, in a care facility, or receiving hospice care? ☐Yes ☑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? ☐Yes ☑No
2. Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? ☐Yes ☑No
3. Cancer, other than basal cell skin cancer? ☐Yes ☑No
4. Disease of the lungs, including COPD or emphysema, other than asthma? ☐Yes ☑No
5. Disease of the liver or kidney, or had an organ transplant? ☑Yes ☐No
6. Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehrig's disease)? ☐Yes ☑No
7. Alcohol or drug abuse? ☐Yes ☑No
8. Complications of diabetes, including amputation, diabetic coma, blindness, or kidney disorder? ☐Yes ☑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? ☐Yes ☑No

REPLACEMENT

1. Does the applicant have existing life insurance or annuity contracts? ☐Yes ☑No
2. Will this policy replace or change other insurance or annuities? ☐Yes ☑No
   If question two (2) is answered "yes", list company and policy #

AUTOMATIC PREMIUM LOAN Is Automatic Premium Loan requested? ☑Yes ☐No

DELIVERY Mail Policy to: ☑Owner ☐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 [signature] Signature of Applicant Mack King
If fifteen (15) years or older
Signed in State Florida Date 1/27/2014

PRODUCER'S CONFIRMATION

Are there existing life insurance and/or annuity contracts on the life of the applicant? ☐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.

Signature of Producer [signature] Producer's Number 04-96651-1
Printed Name Yesinia Zayas Florida License Number W176350

12FEAPPRA-FL V1

Lincoln Heritage
LIFE INSURANCE COMPANY

040002396881

April 17, 2014

Angelia L King
1124 Roan Ct
Kissimee 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

DocuSign Envelope ID: 1D2D2770-8A70-42BC-8AA2-34CB6C4B8C10

Lincoln Heritage Life Insurance Company

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: Karina | Inicial: D | Apellido: Villalobos Gomez

Correo electrónico | Teléfono: [redacted]

Dirección: [redacted] | # de Apt | Ciudad: [redacted] | Estado: TX | Código postal: 77378

INFORMACION DEL SOLICITANTE: todos los solicitantes deben residir de forma permanente en los Estados Unidos.

Nombre: Mercedes | Inicial | Apellido: Fernandez | Relación con el Propietario: Abuelo/a

Dirección: [redacted] | # de Apt | Ciudad: [redacted] | Estado: TX | Código postal: 77378

Teléfono | NSS | Edad: 81 | Fecha de nacimiento: 05/[redacted]/1939 | Sexo: ☐ Masculino ☒ Femenino

INFORMACION DEL BENEFICIARIO

Nombre Primario: Karina | Inicial: D | Apellido: Villalobos Gomez | 100% Relación: Nieto/a

Dirección | Teléfono

Nombre Contingente: Victor | Inicial: A | Apellido: Perdomo Villalobos | 100% Relación: Nieto/a

OPCIONES DE ADITAMENTOS
Aditamento para hijos ☐Sí ☒No | 0 Unidades por hijo | Aditamento de AD&D ☒Sí ☐No | 1 Unidades

PLAN
☒ Gasto final
☐ Pago de 20 años
☐ Beneficio por fallecimiento modificado

METODO DE PAGO
☒ Giro mensual ☐ Trimestral
☐ Anual ☐ Directo
☐ Semestral mensual

FECHA DE PAGO: 15 (1al 28 únicamente)

Cantidad de la cobertura	$ 5000
Prima Mensual	$ 76.65
Prima del Aditamento	$ 2.25
PRIMA MENSUAL TOTAL	$ 78.90

PREGUNTA SOBRE TABACO
En los últimos 12 meses, ¿el solicitante ha consumido alguna forma de tabaco? ☐ Sí ☒ No

CONDICIONES NO ASEGURABLES
1. ¿El solicitante ha tenido un resultado positivo para VIH, un médico le diagnosticó SIDA o una expectativa de vida de doce (12) meses o menos? ☐ Sí ☒ No
2. ¿El solicitante está actualmente confinado a la cama, hospitalizado, en un centro de atención o recibiendo cuidados paliativos? ☐ Sí ☒ No

ENFERMEDADES SIGNIFICATIVAS: si la respuesta es "Sí" a cualquiera de estas preguntas, su beneficio por fallecimiento será modificado.

En los últimos dos (2) años, el solicitante ha sido diagnosticado, recibido tratamiento de un médico o tomado medicamentos para cualquiera de las siguientes enfermedades:

1. ¿Enfermedad cardiaca, incluyendo ataques cardíacos, cirugía cardíaca, o insuficiencia cardíaca congestiva? ☐ Sí ☒ No
2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación? ☐ Sí ☒ No
3. ¿Cáncer aparte del cáncer en las células basales de la piel? ☐ Sí ☒ No
4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema? ☐ Sí ☒ No
5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos? ☐ Sí ☒ No
6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)? ☐ Sí ☒ No
7. ¿Abuso de alcohol o drogas? ☐ Sí ☒ No
8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal? ☐ Sí ☒ No
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? ☐ Sí ☒ No

REEMPLAZO
1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades? ☐ Sí ☒ No
2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades? ☐ Sí ☒ No

Si la respuesta a la pregunta dos (2) es "si", detalle | La compañía | No. de póliza

PRESTAMO AUTOMATICO DE PRIMAS
¿Se solicita el Préstamo Automático de Primas? ☒Sí ☐No

ENTREGA
Enviar la póliza por correo al: ☒ Propietario ☐ Productor

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 obtenga 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 deliberadamente presente una declaración falsa en la solicitud del seguro puede ser culpable de un delito criminal y estar sujeta a penalizaciones de acuerdo con las leyes estatales. 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: DocuSigned by: GRABADA | Firma del Solicitante: DocuSigned by: GRABADA | Firmado en el Estado: TX | Fecha: 07/21/2020

CONFIRMACION DEL PRODUCTOR
¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante? ☐Sí ☒No Según mi leal saber y entender, el reemplazo ☐ está ☒ no está involucrado en esta transacción. Si está involucrado el reemplazo, yo le presenté y leí al solicitante un aviso relacionado con el reemplazo.

Firma del Productor: DocuSigned by: [redacted] | Número del Productor: [redacted]

Nombre del Productor: [redacted] | Apellido del Productor: Rivas

INSCRIPCION DE FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS); beneficio gratis

Les agradeceré inscribirme como miembro sin derecho a voto de FCGS: ☒Sí ☐No

ICC13FEAPPR | PV Ref #: [redacted]

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V1

[redacted]

Lincoln Heritage®
LIFE INSURANCE COMPANY

August 21, 2020

Karina D Villalobos Gomez
[redacted]
[redacted], TX 77378-8601

RE: Policy [redacted] Mercedes Fernandez

Dear Ms. Gomez:

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.

Our payment of $5,007.95 has been deposited into your account as requested and enclosed is an explanation of benefits.

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 either write us a note and return it to us in the envelope provided, or visit our website at www.lhlic.com/feedback and submit a review. We look forward to hearing from you.

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/sk
Enclosure

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage
LIFE INSURANCE COMPANY

October 12, 2021

Ines M Perez

Hialeah, FL 33013-1626

Deceased: Raquel Perez

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:	**57·**
Check Date:	September 3, 2021
Check Paid to:	Ines M Perez

Death Benefit	$8,000.00
Interest (See check stub for details)	7.01
Minus: Amount Assigned to Caballero Rivero Hialeah	-5,478.72
Check Enclosed for	**$2,528.29**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information

Claim Reported By:	Violet Capote
Caller Phone:	
Relationship:	Funeral Home
Date Reported:	9/2/2021

FCGS Membership: Yes

Agent Information

Agent Numbers:	126666
Agent Name:	Andres Ortiz
Agent Status:	Inactive
MMGA:	6

Reported Beneficiary Information

1. Ines M Perez

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage
LIFE INSURANCE COMPANY

February 15, 2022

Angel D Rubert

Jacksonville, FL

Deceased: Carlos Rubert Rodriguez

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:
Check Date: February 7, 2022
Check Paid to: Angel D Rubert

Death Benefit - 120% of Life Premium Paid	$1,264.80
Interest (See check stub for details)	.28
Minus: Amount Assigned to Funeral Consumer Guardian Society	-975.00
Check Enclosed for	**$290.08**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information
Claim Reported By: not called in
Caller Phone:
Andrades
Relationship: docusign rcvd
Date Reported: 2/7/2022

FCGS Membership: Yes

Agent Information
Agent Numbers: 131838
Agent Name: Marielena Escalona De

Agent Status: Active
MMGA: 6

Reported Beneficiary Information
1. Angel D Rubert

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage Funeral Advantage

Lincoln Heritage
LIFE INSURANCE COMPANY

June 21, 2022

Ada E Rivera-Garcia

Orlando, FL 32822-3070

Deceased: Gloria Garcia Perez

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:	**57-**
Check Date:	June 14, 2022
Check Paid to:	Ada E Rivera-Garcia

Death Benefit	$12,000.00
Interest (See check stub for details)	2.63
Minus: Amount Assigned to Funeral Consumer Guardian Society	-9,505.00
Check Enclosed for	**$2,497.63**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information

Claim Reported By:	Ada Rivera-Garcia
Caller Phone:	
Relationship:	mom
Date Reported:	6/9/2022

FCGS Membership: Yes

Agent Information

Agent Numbers:	108341
Agent Name:	Lidia Cruz Gonzalez
Agent Status:	Inactive
MMGA:	6

Reported Beneficiary Information

1. Ada E Rivera-Garcia

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage Funeral Advantage

Lincoln Heritage
LIFE INSURANCE COMPANY

July 26, 2022

Guillermo A Mejia

Miami, FL 331

Deceased: Veronica De Los Angeles Aldana

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:	**57-**
Check Date:	July 20, 2022
Check Paid to:	Guillermo A Mejia

Death Benefit	$6,750.00
Interest (See check stub for details)	2.96
Minus: Amount Assigned to La Paz Funeral Home	-3,428.29
Direct Deposit Amount	**$3,324.67**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information

Claim Reported By: Mona
Caller Phone:
Relationship: Fh
Date Reported: 6/30/2022

FCGS Membership: Yes

Agent Information

Agent Numbers: 116344
Agent Name: Raisa Montesino Colina
Agent Status: Inactive
MMGA: 6

Reported Beneficiary Information

1. Guillermo A Mejia

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage Funeral Advantage

Lincoln Heritage
LIFE INSURANCE COMPANY

April 5, 2023

Joshua L David

Ocoee, FL 34761-6021

Deceased: Sorida Roman

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:
Check Date: March 23, 2023
Assigned to: Funeraria San Juan

Death Benefit	$10,000.00
Interest (See check stub for details)	2.19
Minus: Amount Assigned to Funeraria San Juan	-10,002.19

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information
Claim Reported By: Sezarina Hernandez
Caller Phone:
Relationship: to Fcgs
Date Reported: 3/14/2023

FCGS Membership: Yes

Agent Information
Agent Numbers: 122810
Agent Name: Carmen Rojas Lopez
Agent Status: Inactive
MMGA: 6

Reported Beneficiary Information
1. Joshua L David

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-6845

Lincoln Heritage Funeral Advantage

Lincoln Heritage
LIFE INSURANCE COMPANY

April 5, 2023

Christina Rios

Winter Park, FL

Deceased: Aida Perez

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:
Check Date: March 20, 2023
Check Paid to: Christina Rios

Death Benefit	$12,000.00
Interest (See check stub for details)	2.63
Minus: Amount Assigned to Funeral Consumer Guardian Society	-3,925.00
Check Enclosed for	**$8,077.63**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information
Claim Reported By: herminio
Caller Phone:
Relationship: spouse
Date Reported: 3/16/2023

FCGS Membership: Yes

Agent Information
Agent Numbers: 122822
Agent Name: Carlos Lopez
Agent Status: Inactive
MMGA: 6

Reported Beneficiary Information
1. Christina Rios

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7160
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage Funeral Advantage

Lincoln Heritage®
LIFE INSURANCE COMPANY

April 11, 2023

Jennifer Lamb

Corpus Christi, TX

Deceased: Gwendolyn Romero

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:
Check Date: March 28, 2023
Check Paid to: Jennifer Lamb

Death Benefit	$10,000.00
Minus: Amount Assigned to Corpus Christi Funeral Home	-5,959.00
Check Enclosed for	**$4,041.00**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information
Claim Reported By: Jennifer
Caller Phone:
Relationship: Sister
Date Reported:

FCGS Membership: Yes

Agent Information
Agent Numbers: 125490
Agent Name: Silvia Dick
Agent Status: Inactive
MMGA: 6

Reported Beneficiary Information
1. Jennifer Lamb

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7160
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage Funeral Advantage®

Lincoln Heritage®
LIFE INSURANCE COMPANY

April 25, 2023

Olga M Cascante

Miami, FL 33186-6066

Deceased: Marcos Brenes

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:	**57·**
Check Date:	April 20, 2023
Check Paid to:	Olga M Cascante

Death Benefit	$8,000.00
Interest (See check stub for details)	1.75
Minus: Amount Assigned to Funeral Consumer Guardian Society	-6,925.00
Check Enclosed for	**$1,076.75**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information

Claim Reported By:	not called in
Caller Phone:	
Relationship:	docusign
Date Reported:	4/20/2023

FCGS Membership: Yes

Agent Information

Agent Numbers:	94673
Agent Name:	Juan Delgado
Agent Status:	Inactive
MMGA:	6

Reported Beneficiary Information

1. Olga M Cascante

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7160
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage®
LIFE INSURANCE COMPANY

May 23, 2023

Margarita D Santiago

Kissimmee, FL 34

Deceased: Norberto Santiago Jr

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:	**57**
Check Date:	May 17, 2023
Check Paid to:	Margarita D Santiago

Death Benefit	$7,000.00
Interest (See check stub for details)	3.07
Minus: Amount Assigned to Funeral Consumer Guardian Society	-4,890.00
Check Enclosed for	**$2,113.07**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information

Claim Reported By:	Mildred melgar
Caller Phone:	
Relationship:	to fcgs
Date Reported:	5/15/2023

FCGS Membership: Yes

Agent Information

Agent Numbers:	130093
Agent Name:	Oscar Hernandez Perez
Agent Status:	Inactive
MMGA:	6

Reported Beneficiary Information

1. Margarita D Santiago

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7160
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845

Lincoln Heritage Funeral Advantage®

Lincoln Heritage

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

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

INFORMACIÓN DEL PROPIETARIO

Nombre | Inicial | Apellido

Correo electrónico @ | Teléfono

Dirección | # de Apt | Ciudad | Estado CA | Código postal

INFORMACIÓN DEL SOLICITANTE, todos los solicitantes deben residir de forma permanente en los Estados Unidos.

Nombre Jose Jaime | Inicial | Apellido BARBOSA. | Relación con el Propietario

Dirección 2665 Connecticut Ave | Apt | Ciudad STOCKTON | Estado CA | Código postal 95207.

Teléfono 209·51 | NSS | Edad 25. | Fecha de nacimiento 02.26 1997 | Sexo ☒ Masculino ☐ Femenino

Destinatario secundario Nombre y dirección

INFORMACIÓN DEL BENEFICIARIO

Nombre Primario Delpa | Inicial | Apellido BARBOSA | Relación Madre.

Dirección Z Ave | Teléfono 209·513·5351 (209) 430-41-44.

Nombre Contingente Maria | Inicial I | Apellido GALVEZ | Relación Hermana.

Cantidad de la cobertura $ 15,000

Prima Mensual $

Prima del Aditamento $

PRIMA MENSUAL TOTAL $ 53.55

OPCIONES DE ADITAMENTOS: Aditamento para hijos ☐ Sí ☒ No | Ø Unidades por hijo | Aditamento de ADSD ☒ Sí ☐ No | 5 Unidades

PLAN ☒ Gasto final ☐ Pago de 20 años ☐ Beneficio por fallecimiento modificado | MÉTODO DE PAGO ☒ Giro mensual ☐ Anual ☐ Semestral ☐ Trimestral ☐ Directo mensual | FECHA DE PAGO 15 (1 al 28 solamente)

FECHA DE EMISIÓN SOLICITADA 04.15.2025 (Mm/Dia/Año)

PREGUNTA SOBRE TABACO

En los últimos 12 meses, ¿el solicitante ha consumido alguna forma de tabaco? ☐ Sí ☒ No

CONDICIONES NO ASEGURABLES

1. ¿El solicitante fue diagnosticado positivamente por un médico o ha tomado medicamentos para SIDA o por una enfermedad terminal? ☐ Sí ☒ No
2. ¿El solicitante está actualmente confinado a la cama, hospitalizado, encamado, en un centro de atención o recibiendo cuidados paliativos? ☐ Sí ☒ No

ENFERMEDADES SIGNIFICATIVAS: *si la respuesta en "Sí" a cualquiera de estas preguntas, su beneficio por fallecimiento será modificado.*

En los últimos dos (2) años, el solicitante ha sido diagnosticado, recibió tratamiento de un médico o tomado medicamentos para cualquiera de las siguientes enfermedades:

1. ¿Enfermedad cardíaca, incluyendo ataques cardíacos, cirugía cardíaca, o insuficiencia cardíaca congestiva? ☐ Sí ☒ No
2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado cirugía para mejorar la circulación? ☐ Sí ☒ No
3. ¿Cáncer aparte del cáncer en las células basales de la piel? ☐ Sí ☒ No
4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema? ☐ Sí ☒ No
5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos? ☐ Sí ☒ No
6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)? ☐ Sí ☒ No
7. ¿Abuso de alcohol o drogas? ☐ Sí ☒ No
8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal? ☐ Sí ☒ No
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? ☐ Sí ☒ No

REEMPLAZO

1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades? ☐ Sí ☒ No
2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades? ☐ Sí ☒ No

Si la respuesta a la pregunta dos (2) es "Sí", detalle: La compañía | No. de póliza

PRÉSTAMO AUTOMÁTICO DE PRIMAS ¿Se solicita el Préstamo Automático de Primas? ☒ Sí ☐ No | **ENTREGA** Enviar la póliza por correo al ☐ Propietario ☒ Productor

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 obtenga 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.

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 [signature] | Firma del Solicitante [signature] | Firmado en el Estado CA. | Fecha 03.25.2022.

CONFIRMACIÓN DEL PRODUCTOR ¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante? ☐ Sí ☒ No. Según mi leal saber y entender, el reemplazo ☐ está ☒ no está involucrado en esta transacción. ...

Firma del Productor Lilpana Hernandez | Número del Productor 57.

Nombre del Productor Lilpana | Apellido del Productor Hernandez

INSCRIPCIÓN DE FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS), beneficio gratis

Los solicitantes inscritos como miembro sin derecho a voto de FCGS ☒ Sí ☐ No

12FEAPPRIA-CASP

Póliza # 2921896.

ADVERTENCIA: Esta es la traducción de un documento originalmente redactado en inglés. Consiguiente, hágase saber que todos los derechos legales, responsabilidades y/u obligaciones expresadas en el mismo se regirán por la versión original del documento expedido en inglés y esta hará prevalecer en caso de cualquier duda, para ello.

NOTICE: This is a translation of a document originally drawn up in English. Accordingly, it is understood that all the legal rights, responsibilities and/or obligations are governed by the original English version of this document and shall control in any dispute, complaint or litigation.

CLLORA 10/04/22 CHECK NO. 02556813

ACCT CO	AGT	POLICY NO. DESCRIPTION	AMOUNT
5130 57		0004446831 A D & D	12,500.00

LINCOLN HERITAGE LIFE INSURANCE COMPANY

4343 East Camelback
Phoenix, Arizona 85018
(602) 957-1650
(800) 423-8181

Wells Fargo Bank
Biltmore Office 96
5050 N. 24th St.
Phoenix, Arizona 85016

11-24/1210(8)

CHECK DATE 10/04/22

CHECK NO. 02556813

VOID AFTER SIXTY DAYS

PAY EXACTLY*****12,500 DOLLARS AND 00 CENTS $*****12,500.00

PAY TO THE ORDER OF

Jose Jaime Barbosa
2 Ave
Stockton CA 95206-2862

⑈02556813⑈ ⑆121000248⑆ 4159520055⑈

SAN JOAQUIN GENERAL HOSPITAL

500 W. Hospital Road, French Camp, Ca. 95231 (209) 468-6000

08/30/2022

RE: Jose. J. Barbosa
DOB: 2/26/1997

To whom it may concern:

This letter is to verify that Mr. Barbosa is being treated as an inpatient here at San Joaquin General Hospital for multiple injuries due to an accident that ended with a loss of the lower extremity. Please feel free to give me a call with any questions or concerns.

Thank you for your time,

Gabriella M. Gonzalez
Senior Office Assistant
Disability Office/Release of Information
San Joaquin General Hospital
500 W. Hospital Rd, French Camp, Ca. 95231
Ph: (209) 468-6644 Fax: (209) 468-6653

Lincoln Heritage
LIFE INSURANCE COMPANY

Traducción de la carta emitida el 5 de octubre de 2022

Jose Jaime Barbosa
2 Ave
Stockton CA 95206-2862

Re: Póliza Nº. 57· , Asegurado: Jose Jaime Barbosa
Beneficiario: Jose Jaime Barbosa

Estimado beneficiario:

Hemos recibido el final claim documents y hemos revisado la
la información. Con gusto le informamos que el beneficio por Muerte Accidental de la póliza ha sido calificado como pagadero. Adjunto encontrará nuestro cheque por $12,500.00 el cual representa el monto de beneficio.

Por favor llámenos si tiene alguna pregunta con respecto a esta cuestión.

Atentamente,

Ashlee Rhudy

Departamento de Beneficios