



Notification of Death

Name of Deceased: _____ Social Security Number: _____

Date of Birth: _____ Date of Death: _____

Last Known Address of the Deceased: _____

Notified By: _____ Relationship to the Deceased: _____

Death Certificate Attached: Yes or No Date This Notice Was Received: _____

THE DECEASED WAS AN OWNER ON THE FOLLOWING ACCOUNT(S):

Account Type: _____	Account Number: _____
Account Type: _____	Account Number: _____
Account Type: _____	Account Number: _____
Account Type: _____	Account Number: _____
Account Type: _____	Account Number: _____

Did the customer have any of these other services (check all that apply)?

- DSB Online Banking Access DSB Bill Pay VISA Debit Card/ATM Card
- DSB 'Branded' Visa Credit Card

Prepared By (bank employee): _____ Branch Location: _____

TO SUBMIT:

FAX: Fax to Holton, ATTN; Bookkeeping Dept. at 785-364-5490.
Mail: Mail to Denison State Bank, Bkpg. Dept., PO Box 71, Holton, KS 66436
Deliver: To any Denison State Bank location or night-drop box.

Questions? Contact the bookkeeping department at 1-800-633-2423 or 785-364-3131.

FOR INTERNAL USE:

Processed by: _____ Date: _____