

Lincoln Heritage **Funeral Advantage**

Name: David Flynn  
Address: 2126 E Valley Rd  
Montecito CA 93108-1513  
Day: 8056896132  
Eve: 0000000000  
Age: 73  
Source: [contact.lhlic.com/for-seniors-agt](http://contact.lhlic.com/for-seniors-agt)  
DMA: 000  
Station: LHWL  
Date: 12/31/2022  
Time: 23:39:21

# Program Eligibility Request

Complete & Return In The Postage-Paid Envelope Today

LAST HUYNH

FIRST MICHAEL

STATE **CA**

ADDRESS 30 La Calera Way

CITY Goleta

**E019**

ZIP CODE 93117-5815

PHONE

AREA CODE

Please see that I receive the final expense plan information that I requested as soon as possible.

OFFICE USE ONLY BD11122XISBM 04-0002020 E019CA MM010AVJW



E019CA

# Program Eligibility Request

Complete & Return In The Postage-Paid Envelope Today

LAST Basile

FIRST Georgette

STATE **CA**

ADDRESS 1027 Cacique St Fmt

CITY Santa Barbara

**E012**

ZIP CODE 93103-5401

AGE

PHONE

AREA CODE

Please see that I receive the final expense plan information that I requested as soon as possible.

OFFICE USE ONLY    KW102622ISBI 04-0002020 E012CA LO05JPM4H



E012CA

# Program Eligibility Request

Complete & return in the postage-paid envelope Today

LAST Jordan

FIRST Lavada

STATE **CA**

ADDRESS 6806 Phelps Rd Apt 214

CITY Goleta

**E019**

ZIP CODE 93117-5549

AGE 76

PHONE 805-679-1703

AREA CODE 93117

Please see that I receive the final expense plan information that I requested as soon as possible.

OFFICE USE ONLY

BD11122XISBM 04-0002020 E019CA MM01OAVJY



E019CA

**INFORMACIÓN IMPORTANTE  
IMPORTANT INFORMATION**

013992 T315 P1\*\*\*\*\*AUTO\*\*ALL FOR AADC 931

Nombre/Name **ELSA DE HEIRNAN**

Domicilio/Address **2111 DE LA VINA ST APT 19**

Unidad #/Unit #

Ciudad/City **SANTA BARBARA**

Estado/State **CA** Código Postal/Zip **93105 - 3861**



Por favor asegure que yo reciba información acerca de este plan de gastos finales lo antes posible.  
Please see that I receive the final expense plan information that I requested as soon as possible.

**¿Su información está correcta?  
Is your information correct?**

Edad/Age \_\_\_\_\_  
Teléfono/  
Telephone \_\_\_\_\_

**SOLO PARA USO ADMINISTRATIVO/OFFICE USE ONLY**



S001CA

SBD11122ISBL 04-0002020 S001CA MM01NYW6F

# Program Eligibility Request

Complete & Return In The Postage-Paid Envelope Today

LAST Bolton

FIRST Jim

STATE **CA**

ADDRESS 263 3rd St Apt F

CITY Solvang

**E012**

ZIP CODE 93463-2823

AGE **69**

PHONE

AREA CODE

Please see that I receive the final expense plan information that I requested as soon as possible.

OFFICE USE ONLY

KW102622ISBI 04-0002020 E012CA L005JPMCW



E012CA

IS YOUR ADDRESS CORRECT? Complete & Return In The Postage-Paid Envelope Today

LAST Dewitt

FIRST Aurora

STATE CA

ADDRESS 120 N La Cumbre Rd Apt 35

CITY Santa Barbara

E022

ZIP CODE 93110-1635

AGE 43

PHONE

AREA CODE 805-252-4929

Please see that I receive the final expense plan information that I requested as soon as possible.

OFFICE USE ONLY

KW111622ISBO 04-0002020 E022CA L005KNLIV



E022CA

# Program Eligibility Request

Complete & Return In The Postage-Paid Envelope Today

LAST NAME

FIRST NAME

STATE **CA**

ADDRESS 370 Mathilda Dr Apt 46

CITY Goleta

ZIP CODE **E019**

ZIP CODE 93117-2589

AGE

PHONE

AREA CODE

805-770-3623

Please see that I receive the final expense plan information that I requested as soon as possible.

OFFICE USE ONLY

BD11122XISBM 04-0002020 E019CA MM01OAVK6



E019CA



▶ **IMPORTANT — LLENE Y REGRESE ESTA TARJETA HOY, EL ENVÍO ESTÁ PRE-PAGADO** ▼  
**IMPORTANT — COMPLETE, DETACH AND RETURN IN ENVELOPE PROVIDED**

**¿ES ESTE SU DOMICILIO CORRECTO?  
IS YOUR INFORMATION CORRECT?**

Por favor, asegure que yo reciba información acerca de este plan de seguro de vida de gastos finales lo antes posible.  
Please see that I receive the final expense life insurance plan information that I requested as soon as possible.

Nombre/Name **Ignacia Delacerda**

Domicilio/Address **627 W Robert Ave**

Ciudad/City **Oxnard**

Estado/State **CA**

Código Postal/Zip **93030-4242**

Edad/Age **65** Teléfono/Telephone

Reference Number: **LO05KM551**

State: **CA** SCF: **930**

County: **Ventura**

**SOLO PARA USO ADMINISTRATIVO  
OFFICE USE ONLY**



KW111622ISBP 04-0002020 S903CA LO05KM551

S903CA

PP185K-0819S

**SOLICITUD DE CALIFICACION AL PROGRAMA  
PROGRAM QUALIFICATION REQUEST**

