

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

AGE

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 MM01OAVJW



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

BD1122XISBM 04-0002020 E019CA MM01OAVJY



E019CA

**INFORMACIÓN IMPORTANTE  
IMPORTANT INFORMATION**

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

Nombre/Name ELSA DE HERNAN

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 Dewart

FIRST Aurora

STATE **CA**

ADDRESS 120 N La Cumbre Rd Apt ~~24~~ 35

CITY Santa Barbara

**E022**

ZIP CODE 93110-~~1635~~ 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 LO05KNLIV



E022CA

**Program Eligibility Request**

Complete & Return In The Postage-Paid Envelope Today

LAST NAME Bailey

FIRST NAME Kevin

STATE **CA**

ADDRESS 370 Mathilda Dr Apt 46

CITY Goleta

**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

BD1122XISBM 04-0002020 E019CA MM01OAVK6




E019CA



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

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

<b>¿ES ESTE SU DOMICILIO CORRECTO?</b> <b>IS YOUR INFORMATION CORRECT?</b>	
Nombre/Name <b>Ignacia Delacerda</b>	<input checked="" type="checkbox"/> 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.
Domicilio/Address <b>627 W Robert Ave</b>	Reference Number: <b>LO05KM55I</b>
Ciudad/City <b>Oxnard</b>	State: <b>CA</b> SCF: <b>930</b>
Estado/State <b>CA</b>	County: <b>Ventura</b>
Edad/Age <b>65</b>	<b>SOLO PARA USO ADMINISTRATIVO</b> <b>OFFICE USE ONLY</b>
Código Postal/Zip <b>93030-4242</b>	
Teléfono/Telephone	KW11622ISBP 04-0002020 S903CA LO05KM55I

PP185K-0819S

S903CA

