



NOTIFICATION OF DESIGNATED TRUSTEE

State Form 48121 (R2 / 4-14)

STATE BOARD OF FUNERAL AND CEMETERY SERVICE PROFESSIONAL LICENSING AGENCY

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SECTION A (to be completed by the claimant or the claimant's representative)

Name of claimant	
Address of claimant (number and street, city, state, and ZIP code)	
E-mail address	Telephone number ()

SECTION B - DESIGNATED TRUSTEE INFORMATION (complete this section if the claimant is not deceased)

Name of trustee		
Address of trustee (number and street, city, state, and ZIP code)		
License number	Certificate of authority number	Federal Identification number

SECTION C - BENEFICIARY INFORMATION (complete this section if claimant is deceased)

Name of beneficiary
Address of beneficiary (number and street, city, state, and ZIP code)
Telephone number ()

NOTARY CERTIFICATE

STATE OF _____ } COUNTY OF _____ } SS:		
I, _____ do hereby state that I am the above-named Claimant/Claimant Representative (circle the appropriate choice), that I have personally completed the foregoing Notification, and the same is true to the best of my knowledge and belief.		
Signature of claimant / claimant representative	Signature of notary public	
Printed name of claimant / claimant representative	Printed or typed name of notary public	
Date (month, day, year)	County	Date commission expires (month, day, year)