Individual Mortality Report - Nebraska Insureds Only

Calendar Year 20___

1	2	3	4	5	6	7	8	9	10	11	12	1	3
Settlement Number	Viatical Settlement Contract Date		Life Expectancy at time of contract			Net amount paid to viator	Proximate cause of insured's death: "a" thru "i"	Date of Death	months between date of contract and date of		Policy type: I or G	period at time of contract (y	
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"Completed by Viatical Settlement Providers"

______ Initials of preparer:______ Viatical Settlement Provider's Name Page ____ of ____