IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

Name of Deceased: _____ Assignment #: _____

Insurance Company: _____

Policy Number(s): _____ Total Assigned: _____

Funeral Home
and/or Cemetery: _____

This Irrevocable Assignment is made between Beneficiary(s) listed below and the Funeral Home and/or Cemetery listed below. In consideration for the Funeral Home/Cemetery providing services in the burial of the above Insured, said services having been requested and accepted by Beneficiary(s) and/or additional funds having been advanced and paid to the Funeral Home/Cemetery and/or the Beneficiary(s) by **D&L Funding LLC**. The undersigned Beneficiary(s) irrevocably assigns to the Funeral Home/Cemetery, the above Assignment Amount, plus statutory interest from deceased's date of death until claim paid plus any unearned premiums. Said Beneficiary(s) hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home /Cemetery and **D&L Funding LLC**. Beneficiary(s) further guarantees to warrant title to the policy(s) and defend **D&L Funding LLC** against any claims on the policy(s). **Beneficiary hereby irrevocably authorizes said Insurance Company to make payment of the sum specified above, plus statutory interest and unearned premiums to D&L Funding LLC. Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery or D&L Funding LLC any information that it may require regarding said policy(s). Beneficiary hereby appoints D&L Funding LLC as their Attorney-in-fact and to act on their behalf with regard to the collection of, settlement of, and receipt of proceeds of said policy(s) or certificate(s), including but not limited to, giving D&L Funding LLC the right to endorse checks and claimant statement forms in Beneficiary(S) name. Beneficiary(s) authorize D&L Funding LLC to act on Beneficiary(s) behalf with regard to signing IRS Form W-9 (or an acceptable substitute) in Beneficiary(s) name**. If, for any reason, **D&L Funding LLC** does not receive full payment within 90 days Beneficiary(s) agrees to immediately pay **D&L Funding LLC** the amount of its loss on the assignment. If for any reason it becomes necessary for **D&L Funding LLC** to proceed against Beneficiary(s), Beneficiary(s) understands that Beneficiary(s) is liable for all costs of collections, including but not limited to, reasonable attorney's fees, and court costs. Beneficiary(s) agrees that the exclusive jurisdiction for legal proceedings hereunder is **Baltimore County, MD**. **In the event the policy(s) is not enclosed, Beneficiary(s) certify that the policy(s) has been lost or destroyed.**

_____	_____
NAME	**NAME**
_____	_____
ADDRESS	**ADDRESS**
_____	_____
CITY STATE ZIP	**CITY STATE ZIP**
_____ _____ _____	_____ _____ _____
PHONE DOB SSN	**PHONE DOB SSN**
X_____	**X**_____
SIGNATURE	**SIGNATURE**

THE FOREGOING ASSIGNMENT WAS EXECUTED BY THE BENEFICIARY(S) NAMED ABOVE WHO IS/ARE PERSONALLY KNOWN TO ME OR WHO HAS/HAVE PRODUCED IDENTIFICATION.

_____-_____ _____

NOTARY PUBLIC SIGNATURE DATE NOTARY STAMP/ SEAL

IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY

D&L FUNDING LLC **PHONE: 540-818-2277** **Email: emmett@dlfundingllc.com**

SEND PAYMENTS TO: D&L FUNDING LLC, 20 NEW PLANT COURT - STE 106, OWINGS MILLS, MD 21117
ALL OTHER CORRESPONDENCE: D&L FUNDING LLC, PO BOX 411, RADFORD VA 24143

The undersigned representative and Funeral Home and/or Cemetery (collectively "the Funeral Home") irrevocably reassigns **to D&L Funding LLC,, 6580 Valley Center Dr - Ste 172, PO Box 411, Radford VA 24143** or assigns, all of its interest in the above Assignment and further appoints **D&L Funding LLC** to act as its Attorney-in-fact with regard to the collection of settlement of and receipt of the proceeds as said policy(s) and certificate(s) noted above, including but not limited to the right to endorse checks. Any payment made by **D&L Funding LLC** to the Funeral Home pursuant to this Assignment agreement is without recourse, except where the assignment or funding was procured by fraud on the part of the Funeral Home. The Funeral Home hereby authorized the above Insurance Company to issue a check(s) directly to **D&L Funding LLC**. In the event that any payments of proceeds are made by the Insurance Company, its agent or the beneficiary (s) to the Funeral Home, the Funeral Home agrees to hold the proceeds in trust and to immediately pay the proceeds to D&L Funding LLC within 10 days, without necessity of any request to so pay the proceeds. The Funeral Home further agrees that upon request by wither **D&L Funding LLC** or the Insurance Company it will promptly provide all documents, materials or information identified and needed to process a claim on the decedent's policy(s). The Funeral Home shall be liable to **D&L Funding LLC** for any attorney's fees and costs **D&L Funding LLC** incurs in having to enforce any of the terms of this assignment**. The undersigned agrees that the exclusive jurisdiction and venue for legal proceedings hereunder is in Baltimore County, MD.**

_____ _____

Signature of Funeral Home/Cemetery Authorized Representative **Name of Funeral Home/Cemetery**

The foregoing REASSIGNMENT was executed by _____(Authorized Representative for Funeral Home/Cemetery), who is personally known to me or who has produced identification.

_____ _____ _____

Notary Public Signature **Date** **Notary Stamp or Seal**