



KENTUCKY REAL ESTATE COMMISSION

500 Mero Street 2NE09
Frankfort, Kentucky 40601
(502) 564-7760
<http://krec.ky.gov>

NOTIFICATION OF DEATH OR INCAPACITY OF A LICENSEE

DECEASED OR INCAPACITATED LICENSEE INFORMATION

The licensee identified below is (choose one) Deceased or Incapacitated

Full Name of Deceased or Incapacitated Licensee

License No.

Address

City

State

Zip

- Was the Deceased or Incapacitated licensee a Principal Broker? Yes No
 - If "No", continue to the Certification section.
 - If "Yes", is the company going to continue to operate under a new principal broker? Yes No
 - If "Yes", the new principal broker must complete KREC Form 202, the Company Information Update Form.
 - If "No", has someone been designated as the Custodian of Records, pursuant to 201 KAR 11:121, Section 9?
 Yes No
 - If "Yes", provide full contact information for the custodian of records, in the space below.
 - If "No", please contact the Commission at the number above to make arrangements for custody of the records.
 - If "No", are you a licensee of the Kentucky Real Estate Commission requesting to close the existing business of a deceased or incapacitated principal broker pursuant to KRS 324.425? Yes No
 - If "Yes", identify the period of time you need to close the existing business, which cannot exceed six (6) months pursuant to KRS 324.425, then continue to the Certification section, below.

Begin Date _____ to End Date _____

Custodian of Records Name

License No. (if applicable)

Address

City

State

Zip

Phone

Email

CERTIFICATION

Your Name

License No. (if applicable)

Address

Phone

City

State

Zip

Relationship to licensee

Email

I certify that the information herein and the attached proof of death or incapacity is true and correct to the best of my knowledge, and that, if I am a licensee, I will be subject to disciplinary action by the Kentucky Real Estate Commission if I have falsified any of this information.

Signature

Date

X