

AFFIDAVIT OF NEXT OF KIN

Policy # _____

The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of _____, who died on or about the _____ day of _____, 20_____.
2. That the decedent did/ did not leave a surviving spouse.
3. That no personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such an appointment is pending in this state or elsewhere.
4. That this affidavit is made in support of the undersigned's request for the release of medical records.

Further, your affiant sayeth naught.

SIGNATURE: _____

PRINTED NAME: _____

RELATIONSHIP: _____

State of _____

County of _____

SWORN TO AND SUBSCRIBED before me, a Notary Public in and for said COUNTY and STATE,

This _____ day of _____, 20_____.

_____ My commission expires: _____

Notary Public

[Affix Seal]