



AFFIDAVIT of Distributee Status

State of _____

County of _____, ss

_____ being duly sworn deposes and says:

Print name

I am requesting access to the medical information of the deceased patient

_____ (The "patient").

I am entitled to such information because (check the item that applies):

_____ I am a distributee of the Patient and neither an administrator nor an executor of the Patient's estate has been appointed as of this date.

_____ I am an attorney representing a distributee of the Patient and have been appointed by that distributee as his or her agent by a power of attorney (POA attached).

As required by law, attached is a copy of a certified copy of the Patient's death certificate.

Accordingly, I confirm each of the following statements:

- I (or my client) am (is) a distributee of the Patient because I (or my client) am (is) (check the item which applies):

_____ The spouse (no divorce or annulment or decree of separation applies) or child of the patient.

_____ The grandchild of the Patient and my parent, who was a child of the Patient, was deceased at the time of the Patient's death.

_____ The parent of the Patient and the Patient did not have a living spouse, child, grandchild, or great-grandchild at the time of the Patient's death.

Other, please describe* _____

*Note: Half brother and sisters are treated the same as brothers and sisters. Adopted children and non-marital children are treated the same as biological children.

- Neither an executor nor an administrator for the Patient's estate has as of this date, been appointed.

Name of Individual Requesting Information (Please Print)

Date

Signature of Individual Requesting Information

Date

Sworn to before me this

_____ day of _____ .
Day Month Year

Notary Public