

NEXT OF KIN AFFIDAVIT

The undersigned states the following is true and correct:

1. That I am the next of kin of _____
2. That no personal representative has been appointed by the courts for the decedent's estate in this state or elsewhere.
3. That this statement is made in support of the undersigned's request for the release of the decedent's medical, insurance and prescription records.

Dated the _____ day of _____, _____.

SIGNATURE: _____

RELATIONSHIP: _____

NOTARY: