

Next of Kin Affidavit

Decedent's Information (the insured who is deceased)

Full name

Date of birth

___/___/___

Last 4 SSN

***-**-___

Next of Kin Statement

► I,

being duly sworn according

(your full name)

to law, declare the following:

1. I am the

to the decedent listed above, who

(spouse, child, father, mother, sibling, or other –
please specify)

died on

(date of death)

- To the best of my knowledge, 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.
- This affidavit is made in support of the undersigned's request for the release of medical, insurance, and prescription records to Lumico Life Insurance Company for the purposes of processing the decedent's life insurance claim.

Signatures

To be completed by Next of Kin	To be completed by Notary
<input type="text"/>	Subscribed and sworn before me on the _____ day
Your signature	of _____, _____.
<input type="text"/>	<input type="text"/>
Today's date	Notary signature
	<input type="text"/>
	Date my commission expires

Affix seal ►