

AFFIDAVIT of Distributee Status

State of \_\_\_\_\_ )

)ss:

County of \_\_\_\_\_ )

\_\_\_\_\_ 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 \_\_\_\_\_ 20 .

\_\_\_\_\_  
Notary Public