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

SIGNATURE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**NOTARY** \_\_\_\_\_