

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