



AFFIDAVIT OF DISTRIBUTE

I, _____, being over the age of 18 and reside
Print Name

at: _____.

I am requesting access to the medical records of the decedent name
_____, date of birth: _____ (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 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 that I (or my client) am (is) a "distributee" of the Decedent's Estate as the term "distributee" as used in §18 of the New York Public Health Law and defined by §1-2.5 of the New York Estates, Powers and Trust Law.

I (or my client) am (is) a distributee of the Patient because I (or my client) am (is) (check the item which applies):

- SPOUSE** (no divorce or annulment or decree of separation applies) and was legally married to the Patient when the Patient died.
- CHILD or GRANDCHILD** and was natural or legally adopted child/grandchild of the Patient. My parent, who was the Patient's natural or legally adopted child, is no longer living.
- PARENT** of the Patient naturally or legally adopted parent. The Patient did not have a living spouse, children, grandchildren or great grandchildren at the time of the Patient's death.
- SIBLING** of the Patient naturally or adoptive brother or sister. The Patient has no living parents, spouse, children, grandchildren or great grandchildren at the time of the Patient's death.

"Other", please describe

Note: Half-brother and sisters are treated the same as siblings. 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.

The statements I have made are true and correct to the best of my knowledge.

Signature of Individual Requesting Information	Date
Sworn to before me this _____ day of _____, 20____ Notary Public	