



## AFFIDAVIT OF DISTRIBUTEE

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

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**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<br>____ day of _____, 20____<br><br>Notary Public |      |