I, ___________________________________________, being duly sworn, do hereby state as follows:

1. That I am the next of kin of, ___________________________________, who died on or about the _____ day of _______________________, 20___.
   (A copy of the death certificate must be attached)

2. Authority to act on behalf of the deceased is granted to me as (check below):
   - ☐ Surviving Spouse
   - ☐ Surviving child and there is no surviving spouse.
   - ☐ Parent and there is no surviving spouse or children.
   - ☐ Sibling and there is no surviving spouse, children or parents.

3. I am over eighteen (18) years of age, suffer from no disability, and am competent to testify as to the matters set forth in this Affidavit.

4. That there is no appointed executor, administrator or temporary administrator for the decedent’s estate in this state or elsewhere and no application for such appointment is pending in this state or elsewhere.

Signature____________________________________________     Date________________________

Sworn to and subscribed before me, this ______ day of ________________________, 20___.

_______________________________________
Notary Public

My commission expires _________________.

Entity-Department Name: MCNH HIM     Revision Date: 01/06/2020
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