



Title: Next of Kin Affidavit

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_____.

Seal

Notary Public

My commission expires _____.

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