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

1. That I am the next of kin and personal representative of, ________________________________, who became mentally incompetent on or about the _____ day of ________________________, 20____.

   (Proof of Incompetency must be attached)

2. Authority to act on behalf of the incompetent patient is granted to me as (check below):
   
   ☐ Spouse
   ☐ Child and there is no spouse.
   ☐ Parent and there is no spouse or children.
   ☐ Sibling and there is no 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 Healthcare Power of Attorney or Advance Directive in place.

Signature________________________________________________________  Date_____________________

Sworn to and subscribed before me, this

______ day of ________________________, 20____.

______________________________________________

Notary Public

My commission expires _______________________.