

**AFFIDAVIT IN SUPPORT OF MEDICAL RECORDS REQUEST
(for DECEASED PATIENTS)**

With regard to Wichita National Life Insurance Company's request for medical records of _____, DOB: _____, SSN: _____ (hereinafter decedent),

I hereby swear or affirm that I am:

_____ The executor, administrator or personal representative or trustee of decedent's estate named by decedent and that I know of no facts or circumstances that would disqualify me from serving in the capacity. (Attach copy of documents evidencing appointment.)

OR

No personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such an appointment is pending in this state or else, and I hereby swear or affirm that I am:

_____ Spouse. The surviving spouse of decedent.

_____ Child. A natural or adopted child of decedent and at least 18 years of age, and decedent left no surviving spouse.

_____ Parent. A natural or adopted parent of decedent and decedent left no surviving spouse or natural or adopted children 18 years of age or older.

_____ Brother or sister. A natural or adopted sibling (net step-sibling) of decedent and decedent left no surviving spouse or natural or adopted child or parent.

Signature

Date

Subscribed and sworn before me on this _____ day of the month of _____ 2____.

Notary Public

My commission expires _____

(Seal)