

**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)