AFFIDAVIT OF SURVIVING PATIENT PARENT SEEKING ACCESS TO MEDICAL RECORDS

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

I am a surviving parent of _____ (decedent). I hereby represent and affirm that I have taken all appropriate steps to verify and have verified that no estate administration has been initiated on behalf of the decedent.

I declare under penalty of perjury that the foregoing statements are true and correct.

Date: _____ Signed: _____

STATE OF MISSOURI

COUNTY OF JOHNSON.

Signed and sworn to (or affirmed) before me on the _____ day of _____, 20___, by _____ (name of person).

_____

(Signature of notarial officer)

Notary Public, State of Missouri (seal)

My Commission Expires: _____