

Affidavit of Next of Kin

GSL-CLM-00041 (01/26)

GREAT SOUTHERN
LIFE INSURANCE COMPANY

To be completed by next of kin who does **NOT** have legal appointment as Personal Representative/Administrator for deceased patient and there will be **no Probate** filing.

The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of, _____, who died on or about the ____ day of _____, 20____.
2. That _____ is handling the affairs of deceased _____ and stands next in line of intestate succession.
3. That this affidavit is made in support of the undersigned's request for the release of the decedent's medical records.

Dated the ____ day of _____, 20____.

Signature

Relationship

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____, by _____.

Notary Public

Notary Seal

My Commission Expires: _____