

# Affidavit of Next of Kin



Decedent's Name: \_\_\_\_\_

Decedent's Date of Birth: \_\_\_\_\_

Decedent's Social Security Number: \_\_\_\_\_

Decedent's Member ID Number: \_\_\_\_\_

The undersigned attests that they are duly sworn, deposes and states:

I am the next of kin of \_\_\_\_\_, who died on or about the  
\_\_\_\_\_  
\_\_\_\_\_  
(day) day of \_\_\_\_\_, \_\_\_\_\_.  
(month) (year)

1. A copy of the decedent's death certificate is attached.

2. My relationship to the decedent is \_\_\_\_\_.

3. Please choose one of the following:

a. q No personal representative has been appointed for the decedent's estate in this state or elsewhere  
There is also no application for such appointment pending in this state or elsewhere, or;

b. q I have been appointed the executor/administrator of the decedent's estate and  
have included the appropriate court documents.

4. This affidavit is made in support of my request to facilitate claims payment. I agree and understand that,  
pursuant to federal law, Start will not release copies of the medical records of the decedent to me or allow me  
to change the address of record.

5. The foregoing is the truth to the best of my knowledge, information and belief.

Dated \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.  
(Weekday) (Month) (Date) (Year)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Sworn and subscribed before me on \_\_\_\_\_.

## **Notary Public**

My commission expires on \_\_\_\_\_.

### **Mailing Instructions:**

Please mail completed affidavit to:

PO Box 709718  
Sandy, UT 94070-9718

Members who need additional help with this form should call our Team at **801-894-9454**.

