

Long Island
State Veterans Home



AT STONY BROOK UNIVERSITY
100 Patriots Road
Stony Brook, NY 11790-3300

AFFIDAVIT OF DISTRIBUTE STATUS

My name is _____

I reside at _____

I am requesting medical records of the deceased resident/registrant: _____

Date of Birth: _____

As required by law, attached is a copy of the certified Death Certificate.

It is my understanding that the decedent never executed a Will as that term is defined by §3 of the New York Estates, Powers and Trust Law. Neither an executor nor an administrator for the Resident's/Registrant's estate has as of this date, been appointed.

I am a "distributee" of the Decedent's Estate as the term "distributee" is used in §18 of the New York Public Health Law and defined by §1-2.5 of the New York Estates, Powers and Trust Law.

- a. _____ HUSBAND or WIFE: I was legally married to the Resident/Registrant when the Resident/Registration died.
- b. _____ CHILD: I am the Resident's/Registrant's natural or legally adopted child
- c. _____ GRANDCHILD: I am the Resident's/Registrant's natural or legally adopted grandchild. My parent, who was the Resident's/Registrant's natural or legally adopted child, is no longer living.
- d. _____ PARENT: I am the Resident's/Registrant's naturally or legally adopted Parent. The Resident/Registrant has no living husband or wife, children, grandchildren or great grandchildren.
- e. _____ BROTHER or SISTER: I am the Resident's/Registrant's natural or adoptive brother or sister. The Resident/Registrant has no living parents, husband, wife, children, grandchildren or great grandchildren.
- f. _____ "Other": I am the Resident's/Registrant's _____

The statements I have made are true and correct to the best of my knowledge.

Dated: _____

Signature: _____

Sworn to and subscribed before me this

_____ day of _____, 20_____

Notary Public