

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: _____

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