



# Stony Brook Eastern Long Island Hospital

## AFFIDAVIT OF DISTRIBUTEE

1. My name is \_\_\_\_\_ and I reside at \_\_\_\_\_
2. I am requesting medical records related to a decedent named \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
3. A copy of a “certified copy” of the Certificate of Death is attached.
4. 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.
5. 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