



**Affidavit of Next of Kin**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Deceased Name

\_\_\_\_\_  
Authorized Representative Name

\_\_\_\_\_  
Deceased Date of Birth

The undersigned, being duly sworn, deposes and states:

1. I am the next-of-kin of \_\_\_\_\_, who died on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.
2. A copy of the decedent's death certificate is attached.
3. My relationship to the decedent is \_\_\_\_\_.
4. No personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such appointment is pending in this state or elsewhere.

Other Living Relatives:

\_\_\_\_\_  
Name Relationship to Deceased

\_\_\_\_\_  
Name Relationship to Deceased

\_\_\_\_\_  
Name Relationship to Deceased

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Printed Name

**NOTARY ACKNOWLEDGMENT**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss:

(Official Seal)

\_\_\_\_\_  
*Official Signature of Notary*

\_\_\_\_\_  
*Notary's Printed or Typed Name*

My commission expires: \_\_\_\_\_

Mailing Instructions	Faxing Instructions
<p data-bbox="251 268 691 296">Please mail completed authorizations to:</p> <p data-bbox="321 327 732 443">Metrolina Nephrology Associates, PA 3158 Freedom Drive, Suite 3102 Charlotte, NC 28208 Attn: Health Information Management</p>	<p data-bbox="810 268 1234 296">Please fax completed authorizations to:</p> <p data-bbox="992 327 1162 354">1-704-982-9748</p>

For additional assistance, please contact Health Information Management at:  
1-704-731-6849