

HEIRSHIP AFFIDAVIT PURSUANT TO MISS. CODE ANN. §41-10-3

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named, _____, who, after having been first by me duly sworn, deposed and stated on oath as follows:

1. My name is _____, and I am over the age of eighteen (18) and of sound mind.
2. I am the _____ (identify relationship) and heir of _____, deceased.
3. No estate has been opened in the name of _____, and therefore, no executor or administrator has been appointed by any chancery court of such an estate.
4. I attest to my compliance to Miss. Code Ann. §41-10-3 in order that I may receive a copy of _____'s medical records and other information related to his/her care and treatment.

AND FURTHER, AFFIANT SAYETH NAUGHT.

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 201__.

NOTARY PUBLIC

My Commission Expires: