NEXT OF KIN AFFIDAVIT

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

| | cer authorized to adminis | | |
|---|---|--|---|
| ("A | Affiant"), who, first being | placed under oath, depo | ses and says: |
| That the Affiant, v | whose address is | | 1. 6 |
| 401.20(4) Elorido Stotuto | , is the | e next of kin, as that term | is used in Section ("Dandent") |
| That the Affiant, v 401.30(4), Florida Statute that there is no surviving s | spouse of the Decedent, th | nat the Affiant is the surv | riving (Decedent), |
| (select one:) | | | |
| son or daughter | grandson or granddaugh | ter father or mother | brother or sister |
| nephew or niece | grandfather or grandmot | her uncle or aunt | first cousin |
| of the Decedent, that there that therefore the Affiant is calls which contain patien Affiant does hereby, and for Tampa Fire Rescue and Hotheir officers and employed connection with the release examination or treatment. | is statutorily entitled to ret examination or treatment for his or her heirs, agree willsborough County, a poles, against any claim or just to the Affiant of records information pertaining to | ceive, without consent, reat information pertaining to defend, hold harmless litical subdivision of the udgment, including attors of emergency calls whi | to Decedent. The and indemnify State of Florida, and ney fees, in |
| | cribed before me this | day of | 20 |
| by | | _ day or | , 20, |
| NOTARY PUBLIC | | | |
| Printed name of Notary P | ublic | | |
| My commission expires: | | _ | |
| Personally | knownOR P | roduced Identification | |
| Type of Ide | entification Produced | | |