

PHYSICIAN'S AFFIDAVIT

RE: _____
(PATIENT'S NAME)

Before me, the undersigned authority, personally appeared _____,
Affiant, who swore or affirmed that: (DOCTOR'S NAME)

1. Affiant is a physician licensed to practice medicine in State of Florida.
2. Affiant is the primary physician who has responsibility for the treatment and care of the above Patient.
3. To the best of Affiant's knowledge and after reasonable inquiry, Affiant believes that the above Patient **lacks or has** (circle one) the capacity to manage property, including taking those actions necessary to obtain, administer, and dispose of real and personal property, intangible property, business property, benefits and income.

PHYSICIAN, Sign Name

PHYSICIAN, Print Name

STATE OF: _____

COUNTY OF: _____

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, means of _____ physical presence or _____ online notarization, appeared _____ to me personally known, and known to be the same person described in, who produced a _____, as identification and who executed the within Physician's Affidavit.

SWORN TO BEFORE ME on this _____ day of _____, 20____.

{Notary Seal}

NOTARY PUBLIC
My Commission Expires: _____

