

AFFIDAVIT OF PHYSICIAN

State of FLORIDA

County of _____

Before me, the undersigned authority, personally appeared _____,
name of physician

Affiant, who swore or affirmed that:

1. Affiant is a physician licensed to practice medicine in:

name of state, territory, or foreign country

2. Affiant is the primary physician who has responsibility for the treatment and care of:

principal's name

3. To the best of the Affiant's knowledge after reasonable inquiry, Affiant believes that the principal lacks the capacity to manage property, including taking actions necessary to obtain, administer, and dispose of real and personal property, intangible property, business property, benefits, and income.

affiant signature

affiant printed name

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____ 20____ by _____ who is personally known to me or produced a _____ as identification.

(SEAL)

notary public signature

notary public printed name