

**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