

Corinne E. Stern D.O.
Chief Medical Examiner

Webb County Medical Examiner's Office
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AFFIDAVIT

WEBB COUNTY

STATE OF TEXAS

BEFORE SWORN, the undersigned authority, on this day personally appeared the following individual, and after being satisfactorily identified to me, was sworn and placed under oath and stated the following:

"I, _____, am

- (1). the person designated in a written instrument signed by the decedent
- (2). the spouse of the decedent
- (3). a surviving adult child of the decedent
- (4). a surviving parent of the decedent
- (5). a surviving adult sibling of the decedent
- (6). an adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent:

_____, who expired on ____/____/____ in _____ County, Texas identified

under Medical Examiner's case # _____."

I have been provided with a copy of the V.T.C.A. Health and Safety Code 711.002 and understand the provisions of the law relating to the disposition of remains and the duty to inter the deceased.

I further understand the provisions of that law, the responsibility for the interment of the above-named decedent devolves upon me in order of priority and further state that I know of no other living person with a greater priority to the remains of the decedent.

I hereby authorize the Webb County Medical Examiner to release the remains of the above-named decedent to the following funeral establishment for interment:

I further understand that by signing this document that I represent that I warrant the identity of the decedent, and in order to procure the decedent's interment, I agree to be liable for all damages that result, directly or indirectly, from this warranty of identity.

FURTHER AFFIANT SAYETH NOT"

SIGNED this _____ day of _____, 2026

AFFIANT

SUBSRIED AND SWORN TO BEFORE ME, THE UNDERSIGNED NOTARY ON THIS

_____ Day of _____, 2026

NOTARY PUBLIC