AMBULANCE PATIENT NUMBER: COUNTY OF I, ______, being duly sworn, state: 1. I am over the age of 21 and believe in the obligations of an oath. 2. I make this Affidavit from facts within my own knowledge, except as may be otherwise noted. 3. I was the _____ of ____ (the "Deceased"). relationship to deceased* name of deceased A copy of the Deceased's death certificate is attached to this Affidavit. 5. The Deceased had no medical and/or life insurance at time of death that would pay for ambulance service charges imposed by the City of Rio Rancho. 7. The Deceased left no estate or other assets which would cover the cost of ambulance service charges imposed by the City of Rio Rancho. FURTHER AFFIANT SAYETH NOT. signature Subscribed and sworn to before me this ____ day of ______, 201_. Notary Public My commission expires:

AFFIDAVIT REGARDING DEATH AND INABILITY TO PAY AMBULANCE CHARGES

^{*}relationship to deceased means, for example, husband, wife, brother, sister, mother, father, etc.