

## ATTENDING PHYSICIAN'S STATEMENT

In proof of the death of \_\_\_\_\_ submitted to ST. PETER LIFE PLAN, INC. (herein called the Corporation), at the instance of the claimants under Policy No. \_\_\_\_\_.

### For the Physician : PLEASE READ IMPORTANT NOTICE AT THE BACK.

This statement shall be made by the attending physician during the last illness of the deceased. If more than one physician attended the deceased, the statement of each must be furnished in separate forms, which will be sent if required.

When an autopsy has been made by order of the Court, a copy of the verdict, and of the avoidance upon which it was based, duly certified, must be furnished.

1. Name of Claimant in Full	
2. Residence	
3. Last occupation of deceased	
4. How long did you attend to the deceased?	
5. Did you attend or were you consulted by the deceased before the last illness? If so, when and for what illness? Please give details including dates of onset & its duration.	
6. a. Did you attend to the deceased during his last illness? b. If so, for what disease?	a.
	b.
7. a. Date and hour of your first visit b. Date and hour of your last visit.	a.
	b.
8. a. Did any other physicians attended the deceased during the last illness? b. Please give name and address of each, the date of his first visit and the duration of his/her attendance.	a.
	b. 1.
	2. 3.
9. a. Place of death b. Date of death	a.
	b.
10. a. What disease was the immediate cause of death? b. How long, in your opinion, did the deceased suffer from the disease?	a.
	b.
11. a. What were the first indications of failing health? b. When were they first noticed? Give data and hour if possible.	a.
	b.
12. a. From what other disease, if any did the deceased suffer? b. Give, as nearly as you can, the duration of each one.	a.
	b.
13. Did previous illness, family history or habits in any way predispose the deceased to the cause of death? If so, describe fully.	
14. For how long before death occurred was the deceased confined in the house, or prevented from attending to business?	
15. From physical findings and appearances, what could be the age of the deceased?	
16. a. Was death caused directly or indirectly by the habits, occupation and/or living conditions of the deceased? b. Did deceased use alcoholic beverages of any kind? If so, to what extent and effect?	a.
	b.
17. a. Was there an autopsy or a post mortem examination on the body of the deceased? b. If so, state which, by whom and give the result.	a.
	b.
18. Did you personally see the remains of the deceased?	
19. Do you guarantee that all the statements and answers made by you in this questionnaire are true and that you have not concealed any material fact from the Corporation?	

Having been duly sworn, I hereby depose and say that the statements I have written here are true and complete to the best of my knowledge and belief, and that there are no material facts of the case which are not disclosed.

Accomplished at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Attending Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the name indicated above, know as a physician in regular standing, who has duly sworn, deposed that the answers to the above questions are full and true to the best of his knowledge, information and belief and subscribed the same in my presence. Affiant exhibited to me his/her Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC  
My commission expires December 31, 20 \_\_\_\_.

Doc. No. \_\_\_\_\_ Page No. \_\_\_\_\_ Book No. \_\_\_\_\_ Series of 20 \_\_\_\_.

**THIS STATEMENT SHOULD BE SWORN TO BEFORE A NOTARY PUBLIC OR OTHER OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND HIS OFFICIAL SEAL AND SIGNATURE ATTACHED.**

**IMPORTANT NOTICE**

**The physician who filled out this form will facilitate the prompt payment of the claim by giving in answer to Questions No. 10, 11, 12, 14 & 16, a full statement of each pathological process especially its duration and results. Such indefinite terms as heart failure, exhaustion and the like are to be avoided unless full details are added. Where death is the result of accident or injury, the word lesion may be understood to replace disease in Question No. 10. If the answers are too long for the spaces provided, such details may be recorded under ADDITIONAL REMARKS.**

\_\_\_\_\_  
**ADDITIONAL REMARKS**

NOTE: The Corporation will be much obliged to the Physician, if he will use this space to furnish any additional information not brought out in the foregoing statement.