Date: [Insert Date]

To:
Custodian of Medical Records
[Facility Name]
[Facility Address]
[City, State, Zip Code]

RE: Request for Medical Records of [Deceased Patient Name]
Date of Birth: [Patient DOB]
Date of Death: [Patient DOD]
Social Security Number (Optional): [Patient SSN]

Dear Records Department,

I am writing in my capacity as the court-appointed Executor or Administrator of the Estate of [Deceased Patient Name]. I am formally requesting a complete copy of the medical records for the above-named individual for the period of [Insert Start Date] to [Insert End Date/Date of Death].

The records requested include, but are not limited to:

- Physician notes and clinical summaries
- Laboratory and diagnostic test results
- Radiology reports and imaging
- Discharge summaries
- Billing and insurance records

Attached to this letter, please find the following documentation verifying my legal authority to access these records:

- Certified copy of the Letters Testamentary or Letters of Administration
- Copy of the Death Certificate
- Copy of my government-issued photo identification

Please deliver these records via [Mail/Secure Email/Pickup]. If there are copying fees associated with this request, please notify me of the total amount in advance. If you are unable to fulfill this request for any reason, please provide a written explanation.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Mailing Address]

[Your Phone Number]
[Your Email Address]