

EXECUTOR INDEMNITY FORM

I/We (Executor/s)

of (Address)

being an executor named in the late estate of (Patient)

of (Patient's address)

..... (Dated)

which confirmation has been exhibited to NHS Lothian, acknowledge to have received from NHS Lothian the following items being the property of the late (Patient)

who died in hospital on (Date)

namely:

I/we agree that by handing the said items to us as agents for the executors of the said deceased the said NHS Lothian holds us (Executor/s)

responsible for relieving the said NHS Lothian of all claims in respect of the said items at the instance of creditors and other persons having an interest in the estate of the said deceased, and I/we hereby undertake to relieve the said NHS Lothian of such liability.

Name of recipient:	
Signature of recipient:	Date:
Name of witness:	
Designation:	
Signature of witness:	Date:

Please complete this form in block letters
 NB. Witness must not be a relative