

AFFIDAVIT OF SURVIVING SPOUSE

I, _____, make the following statements based upon personal information:

1. I have filed a claim for reimbursement of expenses in this case.
2. My Social Security Number is _____-_____-_____.
3. My spouse, _____, was a patient of Farid Fata. We were married on _____, in the County of _____, State of _____.
4. We were married during the time that my spouse, _____, was a patient of Farid Fata.
5. My spouse, _____, died on _____. I have included a copy of the death certificate with my claim for reimbursement, OR a copy of the death certificate is attached to this affidavit.
6. We were married to each other at the time of my spouse's death.
7. No probate estate has been opened in any county for or on behalf of my spouse.
8. Upon information and belief, no one else has made a claim for reimbursement of these expenses, and I am entitled to receive these funds.

I declare under penalty of perjury, 28 U.S.C. § 1746, that the foregoing is true and correct.

Date Signed: _____

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____

Subscribed and sworn before me in the City of _____, County of _____,

State of _____, on this _____ day of _____, 20_____.

Notary Public

Commission Expiration Date