

**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