

**AFFIDAVIT OF SURVIVING SPOUSE OR NEXT OF KIN**

1. I, \_\_\_\_\_,  
[Print Your Name]

being duly sworn according to law, declare that I reside at

\_\_\_\_\_  
[Street Address, City, State, Zip]

and that \_\_\_\_\_  
[Print Name of Decedent]

had permanent legal residence at

\_\_\_\_\_  
[Street Address, City, State, Zip]

2. I am the (CIRCLE ONE: spouse, parent, adult child, sibling, other) of the decedent.

3. I represent that I am the decedent's: (CHECK ONE of the boxes below)

Surviving Spouse

Next of Kin, and that there is no survivor of higher priority. I acknowledge and understand that "Next of Kin" includes the following surviving individuals in order of priority: surviving spouse, adult child, parent, sibling.

4. To my knowledge, no estate administration has been initiated on behalf of the decedent and no representative has been appointed for the decedent's estate.

SIGNATURE OF AFFIANT: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
[Signature of Notary Public]

\_\_\_\_\_  
[Printed Name of Notary Public]

(OFFICIAL SEAL)

My commission expires: \_\_\_\_\_

Patient Label  
placed here

**WakeMed**  
**Affidavit of Surviving Spouse**  
**or Next of Kin**

