

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

Instructions: 1. Complete and return to your District Office. I, the undersigned, do declare that: (First) and I are no longer Domestic Partners. Former Partner: ____ If termination is caused by death or marriage of the domestic partner, please indicate the date of the death or the marriage: _____ (Date) The representations herein are true, correct, and contain no material omission of fact to the best of my knowledge and belief. Sign and print complete name. (If not printed legibly, application will be rejected.) Signature must be notarized. Signature (Last) (First) (Middle) Mailing Address City State Zip Code **ACKNOWLEDGMENT** A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California, County of ______ before me, ____ (insert name and title of the officer) personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature _____ (Seal)