



Statement of Termination of Domestic Partnership

I, _____, do hereby declare that on or about ____ / ____ / _____, which date is within 30 days of this submission, my domestic partnership with _____ dissolved. I make and file this Statement of Termination of Domestic Partnership in order to cancel the Affidavit of Domestic Partnership filed by me with Neighborly dated ____ / ____ / _____.

I certify that I mailed my former Domestic Partner a copy of this notice on ____ / ____ / _____.

I affirm, under penalty of perjury, that the assertions in this statement are true and correct to the best of my knowledge.

Employee Signature

Date: _____

On this _____, day of _____, 20____, before me personally came _____, to me known to be the individual described as "Employee" in the above document entitled "Statement of Termination of Domestic Partnership" who executed the same as a free and voluntary act for the use and purposes stated herein.

Notary Public

My Commission Expires: _____