

AFFIDAVIT TO RESCIND TERMINATION OF DOMESTIC PARTNERSHIP

I/We filed an Affidavit of Termination of a Domestic Partnership on _____,
File # _____, which is within 30 days of the filing of this affidavit. I/We do hereby rescind the Affidavit of
Termination and state that the facts set forth in the original Domestic Partnership affidavit form and any and all
amendments subsequent to it are valid. I/We understand that if we do not file this Affidavit to Rescind within 30
days of filing the Affidavit to Terminate, we must file a new Domestic Partnership Affidavit if we wish to register
our domestic partnership.

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Applicant's signature _____ Applicant's printed name _____

Address _____ City, State, Zip _____

Date of birth _____

Employer name (if applicable) _____ Address _____

Applicant's signature _____ Applicant's printed name _____

Address _____ City, State, Zip _____

Date of birth _____

Employer name (if applicable) _____ Address _____

* If the original affidavit of termination was filed by only one partner, a copy of this rescission must be sent to the other partner by
mail or delivery.

* If the original affidavit of termination was filed by both partners, this rescission must be signed by both partners.

SUBSCRIBED and SWORN to before me by

_____ and _____

on _____, 20 ____.

Notary Public

For office use only — Identification presented

Type _____

ID# _____

Type _____

ID# _____

Type _____

ID# _____

Type _____

ID# _____