

STATEMENT TERMINATING DOMESTIC PARTNERSHIP

STATE OF IOWA:

COUNTY OF JOHNSON: SS.:

I, the undersigned, do declare that:

- 1. I, _____, and _____ are no longer domestic partners.
- 2. I sent a copy of this notice to my former domestic partner on _____.

Mailed a copy or copies of this statement certified mail to:

- 3. I provided the City with the original or copy of the certified mail returned receipt.
- 4. I declare under penalty of perjury under the laws of the State of Iowa that the statements above are true and correct.

Dated: _____, 20____, in Iowa City, Iowa.

Print Name

Address

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public, Johnson County, Iowa
My Commission Expires: _____

A domestic partnership will be considered terminated with the earlier of the following occurs:

- 1. One of the persons in the domestic partnership dies;
- 2. Ninety (90) days elapse after both partners file a notice of termination of the domestic partnership;
or
- 3. Ninety (90) days elapse after one partner files a notice of termination of domestic partnership and provides proof that notice has been mailed to the other partner at their last known address, or that the partner cannot be located or refuses to accept the mail notice. A properly mailed notice is returned as refused or undeliverable shall be adequate proof.

INFORMATION COLLECTED ON THIS DOCUMENT IS PUBLIC AND MAY BE VIEWED BY ALL REQUESTORS.