## LEWIS & CLARK COLLEGE AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

1.	• I,(r	name of undersigned employee) certify that:
	A. Termination of Domestic Partnership	
	our domestic partnership on (na	me of former domestic partner) and I terminated (date).
	B. Death of Domestic Partner	
	(na	ame of domestic partner) died on
2.	I, (name of undersigned employee) understand that coverage for this individual and his/her dependent children will terminate as of the end of this month of this termination date. The termination of the Affidavit of Domestic Partnership is a result of either termination of the domestic partnership or death of the partner. In the event that termination of this relationship is not due to the death of my domestic partner, I have mailed a copy of this notice to my former domestic partner at:	
	We make and file this Affidavit of Termination of Domestic Partnership in order to cancel our earlie Affidavit of Domestic Partnership filed by us with the Lewis & Clark College Human Resources Department.  This declaration of termination of domestic partnership may have legal implication under Oregon state law. If you desire further information concerning the possible legal consequences of signing this form, please consult an attorney.	
	We have read and fully understand this Affidavit. We declare that the information we have provided herein is true and correct to the best of our knowledge, under penalty of perjury.	
	Employee's Signature	Date
	Domestic Partner's Signature	 Date
3.	I certify that my former domestic partner is no longer my domestic partner and that my former domestic partner is unavailable or unwilling to sign this Affidavit. I authorize Lewis & Clark College to send a copy of this Affidavit by certified mail to my former domestic partner at the address below:	
	Employee's Signature	Date
	Former Domestic Partner's Address:	