



# SULLIVAN COUNTY CLERK

Russell Reeves

## Affidavit of Termination of Registered Domestic Partnership

**BE IT KNOWN** Domestic Partnership Registration Number \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ as filed in the Office of the Sullivan County Clerk on \_\_\_\_\_ is hereby terminated as detailed below in accordance with NYS Law 2961 and under penalty of perjury.

### **IF BOTH PARTNERS INTEND TO TERMINATE THE PARTNERSHIP, COMPLETE THIS SECTION:**

We acknowledge the following:

- The termination is effective thirty (30) calendar days from the date of filing this executed Affidavit of Termination with the Office of the Sullivan County Clerk, and
- We must pay a fee of thirty-five (\$35.00) dollars.

Signature:

Signature:

\_\_\_\_\_

\_\_\_\_\_

Print name:

Print name:

\_\_\_\_\_

\_\_\_\_\_

Address:

Address:

\_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

### **IF ONE PARTNER INTENDS TO TERMINATE THE PARTNERSHIP, COMPLETE THIS SECTION:**

I acknowledge the following:

- I have sent a written notice that I am terminating the partnership to the other partner at the other partner's last known address by means of registered mail, return receipt requested.
- The termination is effective thirty (30) calendar days from the date of filing of this executed Affidavit of Termination with the Office of the Sullivan County Clerk, and I must pay a fee of thirty-five (\$35.00) dollars.

Signature:

Print Name:

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature \_\_\_\_\_