



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Telephone _____

Court Address

DOMESTIC PARTNERSHIP AFFIDAVIT

I/We certify, under the penalties of perjury, that the following are accurate responses for exemption in accordance with Tax Property Article §§ 12-108(c)(1)(ix) or (d)(1)(ii), 13-207(a)(2) or (3) and 13-403(b). The

undersigned declare(s) and affirm(s) that as of _____ Date each of the undersigned is a "domestic partner" or "former domestic partner" as defined in Tax Prop. § 12-101(e) and (i), respectively, and that this deed is submitted for the purpose of transferring an ownership interest in residential property between domestic partners or former domestic partners.

A. STATE RECORDATION TAX/ STATE TRANSFER TAX (ONE EXEMPTION MUST BE CHECKED)

- OR
I/We have established a domestic partnership, as defined in Tax Prop. § 12-101(f)
OR
I/We am/are dissolving an established domestic partnership

B. COUNTY TRANSFER TAX (ONE EXEMPTION MUST BE CHECKED)

- OR
I/We have dissolved a domestic partnership. This deed is between former domestic partners: (a) in accordance with a property settlement agreement and/or (b) pursuant to a dissolution of domestic partnership.

C. We, the undersigned, have submitted at least two of the following documents evidencing the establishment of a domestic partnership. (AT LEAST TWO (2) ITEMS MUST BE CHECKED)

- (i) joint liability of the individuals for a mortgage or other loan or for a lease;
(ii) designation of one of the individuals as the primary beneficiary under a life insurance policy of the life of the other individual or under a retirement plan of the other individual;
(iii) designation of one of the individuals as the primary beneficiary of the will of the other individual;
(iv) durable power of attorney for health care or financial management granted by one of the individuals to the other individual;
(v) joint ownership or lease by the individuals of a motor vehicle;
(vi) joint checking account, joint investments, or a joint credit account;
(vii) joint renter's or homeowner's insurance policy;
(viii) coverage of one of the individuals under a health insurance policy of the other individual;
(ix) joint responsibility for childcare, such as school documents or guardianship documents; or
(x) relationship or cohabitation contract

D. As evidence of the dissolution of a domestic partnership, the undersigned has submitted the death certificate for a former domestic partner in support of the affidavit.

We understand that if we fail to truthfully answer or provide information to avoid collection of the State Recordation Tax/State Transfer Tax/County Transfer Tax, we may be found guilty of a misdemeanor and, on conviction, may be subject to a fine not exceeding \$5000.00 or imprisonment not exceeding 18 months or both; and we authorize

_____ to take the appropriate steps necessary to confirm and verify the information on this affidavit. City/County

Signature
Printed Name

Signature
Printed Name

I certify on _____ Date before me, a Notary Public in and for the State and County of

_____, personally appeared,

known to me to be, (or satisfactorily proven to be) the person(s) whose name (s) is/are subscribed within the affidavit for the purposes contained and my commission expires: _____

Date