



Dean C. Logan
Registrar-Recorder/County Clerk

File Number _____

File Date _____

**COUNTY OF LOS ANGELES
STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP*
(LOS ANGELES COUNTY CODE, CHAPTER 2.210)**

I/We, the undersigned having filed a statement of domestic partnership on _____,
hereby state that such domestic partnership has been terminated.

| | |
|--------------------------------|--------------------------------|
| _____ Signature | _____ Signature |
| _____ Print Name | _____ Print Name |
| _____ Address | _____ Address |
| _____ City, State, Zip Code | _____ City, State, Zip Code |
| _____ Date of Birth | _____ Date of Birth |

***Only one signature is required.
This document is a public record.**