

AFFIDAVIT OF DOMESTIC PARTNERSHIP
**Health Care Facility Visitation and Medical Decisions
and Inheritance Tax Exemption – Domestic Partners**

The undersigned affiants swear or affirm under the penalties of perjury and upon personal knowledge that the following statements are true and correct:

1. That the undersigned affiants have established a domestic partnership with each other.
2. That each one of us is at least 18 years old.
3. That we are not related to each other by blood or marriage within four degrees of consanguinity under the civil law rule.
4. That we are not married to or in a civil union or domestic partnership with any other person.
5. That we share a mutually interdependent personal relationship and we each contribute to the maintenance and support of the other.
6. Attached to this affidavit is evidence of two of the following documents to support our claim that we have established a domestic partnership:

_____ A joint housing lease or joint liability for a mortgage or other loan.

_____ Designation of one domestic partner as the primary beneficiary under a life insurance policy or retirement plan of the other domestic partner.

_____ Designation of one domestic partner as the primary beneficiary under a Will of the other domestic partner.

_____ A durable power of attorney for health care or finances granted by one domestic partner to the other domestic partner.

_____ Joint ownership or lease of a motor vehicle.

_____ A joint checking account, joint investments, or a joint credit account.

_____ A joint renter's or homeowner's insurance policy.

_____ Coverage of one domestic partner under a health insurance policy of the other domestic partner.

_____ Joint responsibility for the care of a child, such as guardianship or school documents.

_____ A relationship or cohabitation contract.

THIS AFFIDAVIT is being executed in order to establish that the undersigned affiants are domestic partners for the purposes of exercising health care facility visitation and medical decision-making rights as provided in Chapter 590, Acts of Maryland 2008, and exempting a domestic partner from the inheritance tax as specified in Article Tax General, §7-203.

Name of Domestic Partner 1

Name of Domestic Partner 2

State of Maryland, County of _____: to wit

I hereby certify that on this _____ day of _____, 200__, before me, a Notary Public for the State and County stated above, personally appeared _____, known to me (or satisfactorily proven) to be the person who signed the foregoing Affidavit of Domestic Partnership and made oath in due form of law under penalties of perjury that the matters and facts set forth above are upon his/her personal knowledge and are true and correct.

Witness my hand and notarial seal.

Notary Public

My commission expires: _____