

Sound Health & Wellness Trust
(formerly known as Retail Clerks Welfare Trust)
201 Queen Anne Ave N, #100
Seattle, WA 98109

Affidavit of Same Sex Domestic Partnership

Section I

I, _____ certify that
(Participant's Name – please print)

_____ and I are domestic partners
(Same Sex Domestic Partner's Name – please print)

And we:

1. Share the same regular and permanent residence; and
2. Have a close, personal relationship; and
3. Are jointly responsible for “basic living expenses”, as defined below; and
4. Are not married to anyone; and
5. Are each eighteen (18) years of age or older; and
6. Are not related by blood closer than would bar marriage in the State of Washington; and
7. Were mentally competent to consent to a contract when our domestic partnership began; and
8. Are each other's sole domestic partner and are responsible for each other's common welfare.

“Basic living expenses” means the cost of basic food, shelter, and any other expenses of a Domestic Partner which are paid at least in part by a program or benefit for which the partner qualified because of the Domestic Partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

Section II

- A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of my circumstance attested to in this affidavit.

I agree to notify the Trust Office if there is any change of circumstances attested to in this affidavit within thirty (30) days of the change by submitting a Statement of Termination of Domestic Partnership.

- B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a Statement of Termination of Domestic Partnership has been filed with the Trust Office, unless such termination is due to the death of my domestic partner.

Section III

We understand that this information will be held confidentially and will be subject to disclosure only upon our expressed written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under state law, and that I should contact an attorney for guidance.

We understand that there may be federal tax implications to enrolling my domestic partner, and that I should contact my tax advisor for guidance.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Domestic Partnership.

We also certify under penalty of perjury, under laws of the State of Washington, that the foregoing is true and correct.

Signature of Participant

Date

Signature of Same Sex Domestic Partner

Date