



HOWARD COUNTY DEPARTMENT OF FINANCE

3430 Courthouse Drive

Ellicott City, Maryland 21043

410 -313 -2389

Recordation Tax Office
recordation@howardcountymd.gov

FAX 410-313-3293
TDD 410-313-2323

Affidavit of Domestic Partnership
(Transfer to or from a Domestic Partner)

The undersigned have applied for an exemption from State Recordation Tax under Section 12-108(c)(viii) of the Tax-Property Article of the Annotated Code of Maryland. The undersigned affiants do swear and affirm under the penalties of perjury and upon personal knowledge that the following statements are true and correct:

- 1. The undersigned affiants have established a domestic partnership with each other.
2. Each person is at least 18 years old.
3. We are not related to one another by blood or marriage within four degrees of consanguinity under the civil law rule.
4. We are not married or a member of a civil union or domestic partnership with another individual.
5. We are in a relationship of mutual interdependence in which each domestic partner contributes to the maintenance and support of the other domestic partner and the relationship.
6. We share a common residence where both domestic partners reside and which is located at \_\_\_\_\_, \_\_\_\_\_ County, Maryland.
7. The instrument of writing for which an exemption is claimed is for residential property.
8. Attached to this affidavit is evidence of two of the following to support our claim that we have established a domestic partnership:
I. Joint liability of the individuals for a mortgage or other loan or for a lease;
II. The designation of one of the individuals as the primary beneficiary under a life insurance policy on the life of the other individual or under a retirement plan of the other individual;
III. The designation of one of the individuals as the primary beneficiary of the Will of the other individual;
IV. A 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. A joint checking account, joint investments, or a joint credit account;
VII. A 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. A relationship or cohabitation contract.

If this instrument of writing is presented by former domestic partners, initial in the space below to certify the dissolution of the domestic partnership:

\_\_\_\_\_ The undersigned affiants have formerly established a domestic partnership based on the criteria stated above and the domestic partnership has been dissolved. A copy of a death certificate is attached if applicable.

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

State of Maryland
County of Howard, to wit

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public for the State of Maryland and County stated above, personally appeared \_\_\_\_\_ and \_\_\_\_\_ and made oath in due form of law under penalties of perjury that the matters and facts hereinabove set forth are upon their personal knowledge and are true and correct.

As Witness my hand and Notarial Seal.

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC