

STATE OF SOUTH CAROLINA)
)
COUNTY OF BEAUFORT)

**AFFIDAVIT OF
DOMESTIC PARTNERSHIP**

PERSONALLY APPEARED BEFORE ME, _____ and _____,

who being sworn, states as follows:

1. We have lived with one another in a spouse-like relationship for at least 12 consecutive months.
2. We each are unmarried, at least 18 years of age and mentally competent to consent to a contract.
3. We are not related by blood or adoption.
4. We reside together in the same principal residence and intend to reside together indefinitely.
5. We share joint responsibilities for our common welfare and basic living expenses.
6. We are financially interdependent. Financial interdependence is hereby demonstrated by submission of at least two of the following documents.

[Circle the applicable documents and attached copies of the documents to the affidavit.]

- a. Joint mortgage.
 - b. Joint title to a motor vehicle.
 - c. Joint bank or credit account.
 - d. Designation as primary beneficiary in the other partner's Will or life insurance policy.
 - e. Durable property and health care powers of attorney.
 - f. Such other proof as is sufficient to establish economic interdependency under the circumstances of the particular case. [Describe document(s): _____.]
7. We each understand and acknowledge that, in the event of a domestic partnership is dissolved, an Affidavit of Termination of Partnership must be completed by the Property Owner and submitted to the Sea Pines CSA within thirty (30) days of dissolution. This form will revoke the domestic partnership.

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Property Owner Signature

Domestic Partner Signature

Subscribed and sworn to before me by both parties this ____ day of _____, 20__.

Notary Public Signature _____

[Seal]

My Commission Expires: _____