

FOR OFFICE USE ONLY:

PLEASE CHECK THE TWO CATAGORIES OF PROOF SUBMITTED AS EVIDENCE BY THE DOMESTIC PARTNERSHIP APPLICANTS :

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| <input type="checkbox"/> JOINT BANK ACCOUNT
- STATEMENT WITH BOTH NAMES
- CHECK WITH BOTH NAMES
- PASSBOOK WITH BOTH NAMES | <input type="checkbox"/> HEALTH CARE PROXY
- COPY OF HEALTH CARE PROXIES / LIVING WILLS, WITH EACH PARTY GIVING THE OTHER PARTY THE POWER TO MAKE HEALTH CARE/NON-RESUSCITATION DECISIONS UPON INCAPACITATION |
| <input type="checkbox"/> JOINT CREDIT CARD
- STATEMENT WITH BOTH NAMES | <input type="checkbox"/> LIFE INSURANCE
- COPY OF POLICY WITH ONE PARTY NAMING THE OTHER AS BENEFICIARY |
| <input type="checkbox"/> JOINT OBLIGORS ON LOAN
- NOTE OR OTHER LOAN ORIGATION DOCUMENT WITH BOTH NAMES | <input type="checkbox"/> RETIREMENT BENEFITS
- COPY OF BENEFICIARY DESIGNATION FORM WITH ONE PARTY DESIGNATING THE OTHER AS BENEFICIARY |
| <input type="checkbox"/> JOINT OWNERSHIP OF RESIDENCE
- DEED OR OTHER SALE/TRANSFER DOCUMENT WITH BOTH NAMES
- PROPERTY OR WATER TAX DOCUMENT WITH BOTH NAMES
- MORTGAGE AGREEMENT | <input type="checkbox"/> TAX RETURNS |
| <input type="checkbox"/> JOINT TENANTS ON LEASE
- LEASE WITH BOTH NAMES | <input type="checkbox"/> JOINT MEMBERSHIP
- CHURCH
- FAMILY ORGANIZATION |
| <input type="checkbox"/> COMMON HOUSEHOLD EXPENSES
- UTILITY/TELEPHONE BILL WITH BOTH NAMES
- PUBLIC ASSISTANCE DOCUMENT WITH BOTH NAMES | <input type="checkbox"/> REGISTRATION
- DOMESTIC PARTNERSHIP FILED IN A DIFFERENT STATE OR MUNICIPALITY WHICH RECOGNIZES SUCH PARTNERSHIPS |
| <input type="checkbox"/> JOINT CUSTODY OF A CHILD | <input type="checkbox"/> DAYCARE
- JOINT RESPONSIBILITY FOR CHILDCARE AS EVIDENCED BY SCHOOL DOCUMENTS OR GUARDIANSHIP |
| <input type="checkbox"/> JOINT VEHICLE OWNERSHIP
- TITLE IN BOTH NAMES | <input type="checkbox"/> JOINT INVESTMENTS
- INVESTMENT SECURITIES WITH BOTH NAMES
- MUTUAL FUND STATEMENTS WITH BOTH NAMES
- BROKERAGE ACCOUNT STATEMENTS WITH BOTH NAMES |
| <input type="checkbox"/> JOINT WILLS
- COPY OF WILL OR WILLS, WITH EACH PARTY NAMING THE OTHER AS BENEFICIARY AND/OR EXECUTOR | <input type="checkbox"/> AFFIDAVIT
- BY A CREDITOR OR OTHER PERSON ABLE TO TESTIFY TO PARTNER'S FINANCIAL INTERDEPENDENCE |
| <input type="checkbox"/> POWER OF ATTORNEY
- COPY OF POWERS OF ATTORNEY WITH EACH PARTY NAMING THE OTHER PARTY AND NO LIMITATION ON THE TERM OF THE DOCUMENTS | <input type="checkbox"/> COUNTY CLERK
- OTHER PROOF ESTABLISHING ECONOMIC INTERDEPENDENCE, AS DETERMINED BY THE COUNTY CLERK |