

# Notice of Termination of Domestic Partnership

NOTE: Before signing this Notice of Termination of Domestic Partnership ("Notice of Termination"), the undersigned is strongly urged to consult his/her own counsel concerning the legal effects of signing this Notice of Termination.

I/WE THE UNDERSIGNED hereby attest to the following:

On \_\_\_\_\_, \_\_\_\_\_, I, \_\_\_\_\_ (print name of employee), and \_\_\_\_\_ (print name of domestic partner) filed an Affidavit of Domestic Partnership ("Affidavit") with JBS and/or Pilgrim's Pride.

I/we certify that the domestic partnership described in the Affidavit has terminated for one of the following reasons:

- ☐ My domestic partner is deceased.
- ☐ My domestic partner has or I have married another individual.
- ☐ My domestic partner and I legally married each other on \_\_\_\_\_ (Date) in the County of \_\_\_\_\_ in the State of \_\_\_\_\_.
- ☐ My domestic partner and I no longer share a common household and/or no longer satisfy the criteria for domestic partnership as described in the Affidavit.

Where only I have signed below and my domestic partner is not deceased, I represent that I have notified my domestic partner of this termination.

NOW, THEREFORE, I/we declare, state, and acknowledge that the domestic partnership between \_\_\_\_\_ (print name of employee), and \_\_\_\_\_ (print name of domestic partner) has been terminated effective \_\_\_\_\_.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Employee**

**Domestic Partner**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

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This NOTICE OF TERMINATION is accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_

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

Title: \_\_\_\_\_