

# South Bay Hotel Employees, Restaurant Employees Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

## DECLARATION OF DOMESTIC PARTNERSHIP

**Instructions: Complete and mail to: Administration Office, P.O. Box 34203, Seattle, WA 98124**

**We the undersigned, do declare that we meet each of the South Bay H.E.R.E. Health and Welfare Trust requirements at this time:**

- We share a common residence;
- We agree to be jointly responsible for each other's basic living expenses incurred during our domestic partnership;
- Neither of us is married or a member of another domestic partnership;
- We are not related by blood in a way that would prevent us from being married to each other in this state;
- We are both at least 18 years of age;
- We are both capable of consenting to the domestic partnership;
- Neither of us has previously filed a Declaration of Domestic Partnership.

**The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief.**

**Sign and print complete name. (If not printed legibly, application will be rejected.) Signatures of both partners must be notarized.**

\_\_\_\_\_  
Signature (Member)

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

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Signature (Partner)

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

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Common Residence: Address, City, State, Zip Code

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

=====  
**NOTARIZATION IS REQUIRED**

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ and \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) executed the instrument.

\_\_\_\_\_  
Signature of Notary Public

[PLACE NOTARY SEAL HERE]