AFFIDAVIT OF DOMESTIC PARTNERSHIP

We the undersigned do declare that we meet the following requirements of a Domestic Partnership at this time:

- ❑ We are in a committed relationship with one another (attach proof – joint bank account/credit cards, beneficiary of life insurance/trust, state registration);
- ❑ We have shared a common residence for the past 6 months (attach proof – joint lease, utility bills);
- ❑ Neither of us is married to someone else or a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity;
- ❑ We are not related by blood in a way that would prevent us from being married to each other in the state / commonwealth where this affidavit is signed;
- ❑ We are both at least 18 years of age; and
- ❑ We are both capable of consenting to the domestic partnership

We understand that:

- Domestic Partner benefits under the Hilton Waterfront Beach Resort's Health and Welfare Program may have federal and possibly state tax consequences.
- If the Domestic Partnership no longer meets all of the criteria attested to in this Affidavit, we must file a Statement of Termination of Domestic Partnership within thirty-one (31) days of such change.
- If we supply false information in this Affidavit, submit fraudulent benefit claims, or fail to notify the Company of any termination of our Domestic Partnership; the Company may recover any benefits improperly paid and initiate disciplinary action which may include termination of the employee's employment.
- The filing of this Affidavit may have other legal and/or financial consequences, including the fact that it may be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

_____	_____
Employee Signature	Domestic Partner Signature
_____	_____
Printed Name	Printed Name

_____

Common Residence Address, City, State Zip

NOTARIZATION IS REQUIRED

State/Commonwealth of _____

County of _____

On _____, before me, _____, personally appeared _____ 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]