Superior Court of Washington County of King

Petitioner, Certificate of Dissolution of Domestic ٧S Partnership Respondent,



Certificate of Dissolution of Domestic Partnership

Please Type of Pfili	t ini Perinian	ieni biac	X IIIK			_			
Court File Number									
						State File Number			
	17	Certify the pa			ed below was ordered as a				
1. Dissolution of Partnership				2. Date of Decree (Month/Day/4 Digit Year		it Year)	ar) 3. County of Decree		
							KING	KING	
							KiiVO		
4. Signature of Superior Court Clerk					•		•		
X									
	To	be Comp	leted by Po	etitioner's	Attorney or PRO SE				
Partner 1 Please Type or Print						1			
5a.Name			5b. Birth Name		6. Date of Birth		7. Birth State (if not USA give Country)		
First Middle	Last			N		Digit Year		Ties	
8. Current Residence (Number and Street) 9. 0		. City/Town/Location			10. Inside City Limits 11. Coun		nty	12. State	
				☐ Yes ☐ No					
Partner 2									
13a. Name		13b. Birth Name			14. Date of Birth		15. Birth State (if not USA give Country)	
First Middle	Last					Digit Year		1	
16. Current Residence (Number and Street) 17. C		City/Town,	City/Town/Location		18. Inside City Limits	19. Cou	nty	20. State	
					☐ Yes ☐ No				
21. Date of this Partnership 22. Certificate Number			23. Petitioner				24. Name of Petitioner's Attorney or PRO SE		
			☐ Partne	er 1 \square Par	tner 2 🔲 Both 🔲 Ot	her		•	
Month Day 4 Digit Year			(specify)	_					
25. Petitioner's Address									