



AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNER RELATIONSHIP

Participant Information

Last Name:	First Name:	MI:	EE ID#:
Street Address:	City:	State:	Zip:

Former Domestic Partner Information:

Last Name:	First Name:	MI:
Street Address:	City:	State: Zip:

Declaration of Termination

I hereby declare that on or about _____, 20____, the domestic partner relationship between me and my above-named domestic partner terminated. As a result, the domestic partnership ceased to meet all of the criteria set forth in the Affidavit of Domestic Partner Relationship previously filed with Marathon Oil.

I understand that, as of the effective date, my former domestic partner and his/her dependent children ceased to be eligible for the benefits that are available to domestic partners and their dependents under Marathon Oil.

By signing this affidavit, I understand that it is my responsibility to provide a copy of this affidavit, fully completed, signed and notarized, to my former domestic partner.

I understand that another Affidavit of Domestic Partnership **cannot** be filed for at least **twelve (12) months** after this Affidavit of Termination of Domestic Partner Relationship is filed.

Declaration of Truth

I declare, under penalty of perjury, that all of the information I have provided on this form is true and correct. I understand that any false or misleading statement will subject me to disciplinary action up to and including termination of employment.

Employee Signature

Name (please print): _____ Signature Date: _____

SUBSCRIBED AND SWORN to before me personally on this ____ day of _____, in the year of 20____, to certify which, witness my hand and seal of office.

Signature: _____ (seal)

Name: _____

Notary Public In and For the State of _____, County of _____,

My commission expires: _____, 20____