THE McCLATCHY COMPANY
Since 1857

Declaration of Termination of Domestic Partnership

I, _____, declare under penalty of perjury, that the
Please Print: Name of Employee/Social Security Number

Declaration of Domestic Partnership attested to and signed by me on _____is terminated
Date of Declaration
as specified below.

Name of covered Domestic Partner: _____

Name of covered Domestic Partner's legal dependents, if applicable:

_____ _____

_____ _____

Termination of Declaration of Domestic Partnership is due to:

_____ Change of criteria attested to in Declaration of Domestic Partnership Date: _____

_____ Termination of domestic partnership Date: _____

_____ Death of domestic partner Date: _____

_____ Marriage to domestic partner Date: _____

I acknowledge that it is my responsibility to furnish a copy of this signed statement to my surviving former domestic partner.

I hereby declare, under penalty of perjury, that the foregoing statements are true and correct. I further understand that I will not be eligible to add a domestic partner or legal dependent(s) of another domestic partner until twelve (12) months following termination of coverage of the prior domestic partnership.

_____ _____ _____
Signature of Employee Print Name Date

_____
Address City State Zip

The signature of the employee on this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20___

Notary Public _____

My commission expires _____, 20_____

The McClatchy Company reserves the right to change, modify or discontinue the Domestic Partner Benefit at any time with 30 days notice.