|  |
| --- |
| **State of California** |
|  |  |  |  |  |  |  |  |  |  |  |
| **REQUEST FOR DELIVERY OF WARRANTS OF A DECEASED EMPLOYEE** |
|   |   |   |   |   |   |   |  |  |  |  |
| Name of Deceased Employee |  |  |  |   | Employee Number |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
| Division/Department |  |  |  |   | Location of Employment |   |
|   |   |   |   |   |   |   |   |   |   |   |
| Home Address |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |
| Name of Designee |  |  |   | Relationship |   | Designation (STD 243) |
|   |   |   |   |   |   |   |   | Dated |   |
| Street Address |  |  |   | City, State and Zip Code |  |  |
|   |   |   |   |   |   |   |   |   |   |   |
| **(State Agency/Department and Address)**  |
| TO: |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |
| Pursuant to the provisions of Section 12479 of the Government Code of California, I, the undersigned, hereby |
| request that any State of California warrants payable to the above-named deceased employee be delivered to me. |
| I certify the following facts in connection with this request: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | THAT said employee died on or about \_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_, at\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  | (location) |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | THAT I am the designee named above and designated in the designation STD form 243 as above |
|  | set forth, to receive such warrants. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | THAT I am an adult. | (18 years of age or over) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| I certify under the penalty of perjury that the foregoing is true and correct. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Executed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California, this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |   |   |   |   |   |   |
|  |  |  |  |  | Signature of Designee |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |   |   |   |   |   |   |
|  |  |  |  |  | Present Address |
|   |   |   |   |   |   |   |   |   |   |   |
| DESCRIPTION OF IDENTIFICATION OF DESIGNEE |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |