|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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