

**Tulare County Office  
of Education**

*Committed to Students, Support and Service*

**DESIGNATION OF PERSON TO RECEIVE WARRANTS  
OR CHECKS UPON THE DEATH OF AN EMPLOYEE**

I, \_\_\_\_\_, hereby designate, upon my death, the following person to receive all warrants or checks which would have been payable to me had I survived, pursuant to Government Code Section 53245.

Name of Designated Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

In the case the Primary Designee is deceased, I name the following as a secondary Designee:

Name of Designated Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

The persons so named shall receive any warrants or checks payable to me upon my death notwithstanding any other provisions of law.

This designation hereby revokes and stands in place of any and all other previous designations.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

I do not wish to designate any person to receive warrants pursuant to Government Code Section 53245.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_