

COUNTY OF RIVERSIDE

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

PRINT OR TYPE (LAST NAME) (FIRST NAME) (INITIAL)

In the event of my death, I hereby designate the person named below as being entitled to receive all warrants or checks that will be payable to me by the County of Riverside.

NAME OF PERSON TO RECEIVE YOUR CHECKS IN CASE OF YOUR DEATH

Name: _____
Address: _____
Relationship: _____ Soc.Sec.No.: _____
(REQUIRED)

Note: Identification documents will be required to be presented since warrants and checks can only be dispersed to your designee after sufficient proof of identity is provided.

Signature

Date

Employee ID

UPON DEATH OF EMPLOYEE - Government Code 53245

Any person now or hereafter employed by the County may file with his/her appointing power a designation of a person who, notwithstanding any other provisions of law, shall on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he/she survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. A person who received a warrant or check pursuant to this section is entitled to negotiate it as if he/she were the payee.

IMPORTANT: Please fill out the above information completely. We cannot accept an incomplete form. Please return to:

HUMAN RESOURCES/ EMPLOYEE SERVICES – MAIL STOP #1150

or

P. O. BOX 1569, RIVERSIDE, CA 92502-1569