

MORGAN HILL UNIFIED SCHOOL DISTRICT
15600 Concord Circle
Morgan Hill, CA 95037
408-201-6000

AFFIDAVIT OF DESIGNATION TO RECEIVE WARRANTS

In the event of my death, I designate:

(Name) (Relationship)

of _____

(Address)

To receive all warrants or checks that would have been payable to me had I survived.

Signature of Employee

Date: _____