

Yolo County
OFFICE OF
EDUCATION

DECEASED EMPLOYEE DATA SHEET

DECEASED _____ DATE OF DEATH _____

PLACE OF DEATH:

CITY _____ COUNTY _____ STATE _____

DESIGNATED WARRANT RECEIPIENT _____

DESIGNEE RELATIONSHIP _____ DESIGNEE SSN _____ - _____ - _____
(For 1099 Issuance)

DESIGNEE ADDRESS _____
(Street)

_____ (City) _____ (State) _____ (Zip Code)

NOTES: _____

