Standard Form No. 1152
Form prescribed by
Comptroller General, U. S.
October 23, 1950
(Gen. Reg. No. 104, Supp. No. 1)

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
Crabb	Riley	(nmn)	4-2-12

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

Navy Department	Marine Corps Supply Center	Barstow, California
(Department or agency)	(Bureau)	(Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION *due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 3, 1950, Public Law 636, and in nowise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.*

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Judith M. Crabb	114 Miranda ~~117 Otis St. Apt. 4, Barstow, Calif.~~	Wife	All

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

9-19-57
(Date of execution—month, day, year)

Riley Crabb
(Signature of employee)

WITNESSES TO SIGNATURE:

Dorothy O. Beebe	Box 524	Lucerne Valley, Barstow, California
(Signature of witness)	(Number and street)	(City, zone number, and State)
Roberta D. Reese	861 Nancy	Barstow, California
(Signature of witness)	(Number and street)	(City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Riley (n) Crabb
117 Otis St.
Barstow, California

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY

Dorothy O. Solomon
Rcdby DOROTHY O. SOLOMON
Appointment Clerk

9-19-57
(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

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DUPLICATE