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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200501003499

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given): Satnam		2. MIDDLE: Sigh		3. LAST (Family): Bhugra	
AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/01/1933		5. AGE Yrs 71	
8. BIRTH STATE/FOREIGN COUNTRY: India		10. SOCIAL SECURITY NUMBER: 528-82-4390		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
13. EDUCATION - Highest Level Degree (see worksheet on back): Professional		14.15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back): Asian Indian	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED: Professor		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): Education		19. YEARS IN OCCUPATION: 41	
20. DECEDENT'S RESIDENCE (Street and number or location): 2163 Whiteowl Way					
21. CITY: Okemos		22. COUNTY/PROVINCE: Ingham		23. ZIP CODE: 48864	
24. YEARS IN COUNTY: 30		25. STATE/FOREIGN COUNTRY: MI			
26. INFORMANT'S NAME, RELATIONSHIP: Amritpreet S. Bhugra, Son			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 2163 Whiteowl Way, Okemos, MI 48864		
28. NAME OF SURVIVING SPOUSE - FIRST: Narinder		29. MIDDLE: Kaur		30. LAST (Maiden Name): Arora	
31. NAME OF FATHER - FIRST: Harnam		32. MIDDLE: Singh		33. LAST: Bhugra	
34. NAME OF MOTHER - FIRST: Ranjit		35. MIDDLE: -		36. LAST (Maiden): Kaur	
37. BIRTH STATE: India		38. BIRTH STATE: India		39. BIRTH STATE: India	
39. DISPOSITION DATE mm/dd/yyyy: 05/25/2005		40. PLACE OF FINAL DISPOSITION: Residence of Amritpreet S. Bhugra, 2163 Whiteowl Way, Okemos, MI 48864			
41. TYPE OF DISPOSITION(S): TR/CR/RES		42. SIGNATURE OF EMBALMER: <i>Norman J. Curtis</i>		43. LICENSE NUMBER: 5532	
44. NAME OF FUNERAL ESTABLISHMENT: CHAPEL OF THE VALLEY MORTUARY		45. LICENSE NUMBER: FD-876		46. SIGNATURE OF LOCAL REGISTRAR: <i>Ant B m.d. Au</i>	
47. DATE mm/dd/yyyy: 05/24/2005		48. DATE mm/dd/yyyy: 05/24/2005			
101. PLACE OF DEATH: Gym		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY: Alameda		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 39802 Cedar Boulevard		106. CITY: Newark	
107. CAUSE OF DEATH: Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death): Cardiac insufficiency Severely, last conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST: Severe coronary artery calcific atherosclerosis None None		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death: Minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2005-01514		109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: None					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: (a) mm/dd/yyyy (b) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER: <i>Ant B m.d. Au</i>		116. LICENSE NUMBER: 5532	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: Ant B m.d. Au		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: Ant B m.d. Au		119. DATE mm/dd/yyyy: 05/23/2005	
120. INJURED AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		121. INJURY DATE mm/dd/yyyy: 05/23/2005		122. HOUR (24 Hours): 12226	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): 12226					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): 12226					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP): 12226					
126. SIGNATURE OF CORONER / DEPUTY CORONER: <i>Ant B m.d. Au</i>		127. DATE mm/dd/yyyy: 05/23/2005		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: N. Contreras #26, Deputy Coroner	
STATE REGISTRAR		FAX AUTH. #		12226	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **05/27/2005**

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

000470717

AFFIDAVIT TO AMEND A RECORD

3200501003499

STATE FILE NUMBER

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Satnam		2. MIDDLE Singh		3. LAST (FAMILY) Bhugra	
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 05/19/2005	6. CITY OF OCCURRENCE Newark		7. COUNTY OF OCCURRENCE Alameda	
	8. FATHER'S NAME AS STATED ON ORIGINAL Harnam Singh Bhugra			9. MOTHER'S NAME AS STATED ON ORIGINAL Ranjit Kaur		

[illegible]REASON FOR
CORRECTION

13. To make the record correct

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

**TWO
PERSONS
MUST SIGN
THIS FORM**

14. SIGNATURE OF FIRST PERSON

15. TITLE/RELATIONSHIP TO PERSON IN PART I

16. DATE SIGNED—MM/DD/CCYY

► 710m Kurtai

Manager

05/24/2005

**USE
BLACK INK
ONLY**

17. AGE
Adult

18. ADDRESS (STREET, CITY, STATE, ZIP)
20359 Lake Chabot Road, Castro Valley, CA 94546

19. SIGNATURE OF SECOND PERSON

20. TITLE/RELATIONSHIP TO PERSON IN PART I
Secretary

21. DATE SIGNED—MM/DD/CCYY
05/24/2005

22. AGE
Adult

23. ADDRESS (STREET, CITY, STATE, ZIP)
20359 Lake Chabot Road, Castro Valley, CA 94546

STATE/LOCAL
REGISTRAR
USE ONLY

24. SIGNATURE OF STATE OR LOCAL REGISTRAR _____

25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

000470707

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COUNTY OF ALAMEDA } SS

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