STAVED OF CALDUSORNIA

CERTIFICATION OF VITAL RECORD



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116 LICENSE MUMBER 117 DATE 117 DATE 118 LICENSE MUMBER 11			OR ANY CONDITION IN	ITEM 107 OR 112	? (If yes, list ty	pe of operation and	d date.)					۳	_	PREGMENT IN	LAST YEAR?
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126. SIGNATURE OF CRONER / DEPUTY CORONER 1 127 DATE IMMOSTCOTY 05/23/2005 N. Contreras #26, Deputy Coroner 1 1888	ONLY	123. PLACE OF INJURY (e.g., home construction side, wooded area, etc.)													
126. SIGNATURE OF CHRONER / DEPUTY CORONER 127 DATE IMMOSTCOTY 128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER DEPUTY	'S USE	124. DESCRIBE HOW INJURY OCCUPRED (Events which resulted in injury)													
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STATE (" P " " "		<u> </u>	7 16			05/23/2	2005	N. C	ontrer	as #26,					
REGISTRAR 12226		E -													

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF ALAMEDA

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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

HEALTH OFFICER AND LOCAL REGISTRAR



CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

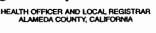
AFFIDAVIT TO AMEND A RECORD 3200501003499													
STATE	PILE HUMBER		DEATHS AFTER 1-19 ERASURES, WHITEOUTS, OR ALTER			CAL REGISTRATION DISTRICT AND	CERTIFICATE NUMBER						
STATE/LOCAL REGISTRAR USE ONLY	1.		2			3:							
PART I	INFORMA	TION TO LOCATE REC	CORD-TYPE OR PRI	NT I	N BLACK INK	ONLY							
NAME AS IT. APPEARS ON RECORD	1. NAME—FI Satnai		2 MIDDLE Sigh		1	3. LAST (FAMILY) Bhugra							
ADDITIONAL INFORMATION	_ M	05/19/2005	Newark			7. COUNTY OF OCCUP Alameda							
TO LOCATE RECORD	8. FATHER'S Harnam	NAME AS STATED ON ORIGIN Singh Bhugra	AL .	1	enjit Kaur	AS STATED ON ORIGINA	u						
PART #	STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS												
:	10. CERTIFICATE	11. INFORMATION AS IT APPI	EARS ON ORIGINAL RECOR	D.	12. INFORMATI	ON AS IT SHOULD APPE	AR						
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REASON FOR CORRECTION	13. To ma	ke the record correc	ct										
			<u> </u>										
AFFIDAVITS	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts												
AND SIGNATURES	and that the	e information given above i	is true and correct.										
TWO PERSONS	2/0	m Centie	Manager		,	05/24/2	005						
MUST SIGN THIS FORM	17. AGE Adult	18. ADDRESS (S	e Chabot Road, Cas										
	19. SIGNATUR	RE OF SECOND PERSON	20. TITLE/RELATIONSHIP Secretary	TO P	ERSON IN PART	21. DATE SIGNED							
BLACK INK ONLY	22. AGE Adult		TREET, CITY, STATE, 207) e Chabot Road, Cas		Vo31 0		· · · · · · · · · · · · · · · · · · ·						
STATE/LOCAL		OF STATE OR LOCAL REGISTRAR	chabot koad, Cas			A 94546 PTED FOR REGISTRATION	MM/DD CCYY						
REGISTRAR USE ONLY	>	ats 15 m.s.	·										
TATE OF CALIFORNIA,	DEPARTMENT OF HEA	NETH SERVICES, OFFICE OF STATE REGISTRAR	1			s intern ben	HANTEL STATE OF THE REAL PROPERTY AND REAL PROPE						

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05/27/2005 DATE ISSUED:





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