

15

Doc Number: **0849329**

09/12/2014 09:28 AM

OFFICIAL RECORDS

Requested By
DOLORES P. GATHERU

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 0914 Pg: 2097



Deputy. sd

RECORDING REQUESTED BY
Dolores Mugo-Gatheru

WHEN RECORDED MAIL TO
Dolores Mugo-Gatheru
11205 Bold River Court
Rancho Cordova, CA 95670

Assessor's Parcel No. 1319-19-720-018

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF CALIFORNIA
County of Sacramento } ss.

DOLORES R. MUGO-GATHERU, of legal age, being first duly sworn, deposes and says:
That REUEL JOHN MUGO-GATHERU, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as REUEL JOHN MUGO-GATHERU named as one of the parties in that certain DEED dated January 11, 2007, executed by REUEL JOHN MUGO-GATHERU and DOLORES R. MUGO-GATHERU, Husband and Wife to REUEL JOHN MUGO-GATHERU and DOLORES R. MUGO-GATHERU, Husband and Wife as Joint Tenants, and recorded on January 22nd 2007, in Book 0107, PG-6066 Series/Instrument Number 0693182 of Official Records of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, State of Nevada:

PARCEL A OF PARCEL MAP OF LOT 566 SECOND AMENDED MAP OF SUMMIT VILLAGE RECORDED FEBRUARY 24, 1983 IN BOOK 283, PAGE 1791, AS DOCUMENT NO. 76421 OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA

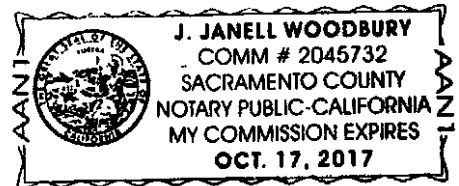
A.P.N. 1319-19-720-018

Signature: Dolores R. Mugo-Gatheru
Print Name: Dolores R Mugo-Gatheru
Date: 9-5-2014

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 5th day of September 2014 by DOLORES R. MUGO-GATHERU proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Stamp or Seal

Signature: J. Janell Woodbury (Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH 3201134009770
STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
 (P.1 USE 4, 508)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (Given) REUEL		3 LAST (Family) MUGO-GATHERU	
2 MIDDLE JOHN		6 SEX M	
AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)		4 DATE OF BIRTH m/m/dd/yyyy 08/23/1925	
9 BIRTH STATE/FOREIGN COUNTRY KENYA		10 SOCIAL SECURITY NUMBER ██████-1875	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SROP (at time of death) MARRIED	
13 EDUCATION - Highest Level/Degree (see worksheet on back) DOCTORATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7 DATE OF DEATH m/m/dd/yyyy 11/27/2011	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8 HOUR (24 hours) 1248	
16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COLLEGE PROFESSOR	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PUBLIC EDUCATION		19 YEARS IN OCCUPATION 30	
20 DECEDENT'S RESIDENCE (Street and number, or location) 11205 BOLD RIVER CT.			
21 CITY RANCHO CORDOVA		22 COUNTY/PROVINCE SACRAMENTO	
23 ZIP CODE 95670		24 YEARS IN COUNTY 40	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP DOLORES MUGO-GATHERU, WIFE	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 11205 BOLD RIVER CT., RANCHO CORDOVA, CA 95670		28 NAME OF SURVIVING SPOUSE/SROP—FIRST DOLORES	
29 MIDDLE RITA		30 LAST (BIRTH NAME) PIENKOWSKI	
31 NAME OF FATHER/PARENT—FIRST MUGO		32 MIDDLE GATHERU	
33 LAST (BIRTH NAME) KURIA		34 BIRTH STATE KENYA	
35 NAME OF MOTHER/PARENT—FIRST WAMBUI		36 BIRTH STATE KENYA	
37 LAST (BIRTH NAME) KURIA		38 BIRTH STATE KENYA	
39 DISPOSITION DATE m/m/dd/yyyy 12/01/2011		40 PLACE OF FINAL DISPOSITION RESIDENCE JOHNSON MBOGO NGOTHO P O. 51230, CODE 00200, NAIROBI, KENYA	
41 TYPE OF DISPOSITION(S) CR/TR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT PRICE FUNERAL CHAPEL, INC.	
45 LICENSE NUMBER FD-1062		46 SIGNATURE OF LOCAL REGISTRAR Laurie A Werner, MD, MPH	
47 DATE m/m/dd/yyyy 12/01/2011		101 PLACE OF DEATH OWN RESIDENCE	
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER <input type="checkbox"/> OF <input type="checkbox"/> DCA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, Etc. <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other	
104 COUNTY SACRAMENTO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11205 BOLD RIVER COURT	
106 CITY RANCHO CORDOVA		107 CAUSE OF DEATH PROBABLE CEREBRAL VASCULAR ACCIDENT	
108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 IMMEDIATE CAUSE (Final disease or condition resulting in death) PROBABLE CEREBRAL VASCULAR ACCIDENT	
110 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSIVE, HYPERLIPIDEMIA		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: Attested Since m/m/dd/yyyy 01/17/2008 Decedent: Last Seen Alive m/m/dd/yyyy 11/08/2011		115 SIGNATURE AND TITLE OF CERTIFIER LAM THANH VAN M.D.	
116 LICENSE NUMBER A100705		117 DATE m/m/dd/yyyy 11/30/2011	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LAM THANH VAN M.D. 2025 MORSE AVENUE, SACRAMENTO, CA 95825		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE m/m/dd/yyyy	
122 HOUR (24 hours)		123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE m/m/dd/yyyy	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129 FAX AUTH.#	
STATE REGISTRAR		CENSUS TRACT	

BK 0914
 PG 2098
 9/12/2014
 0849329 Page 2 of 2

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SACRAMENTO } SS

* 0 0 1 2 5 8 2 2 5 *

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
December 1, 2011

DATE ISSUED: _____ LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

