

RECORDING REQUESTED BY
Lagerlof, Senecal, Gosney & Kruse, LLP

WHEN RECORDED MAIL TO

NAME William F. Kruse, Esq.
Lagerlof, Senecal, et al.
MAILING ADDRESS 301 N. Lake Avenue,
Suite 1000
CITY, STATE PASADENA, CA
ZIP CODE 91101

DOC # 0227838

09/18/2014 01:35 PM

Official Record

Recording requested By
LAGERLOF, SENECA, GOSNEY & KRUSE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00 Page 1 of 5
RPTT: Recorded By: LH
Book- 569 Page- 0399



0227838

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

AFFIDAVIT - TERMINATION OF JOINT TENANCY
(DEATH OF JOINT TENANT)

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 005-090-46

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Jacqueline Anello
Address: 423 N. Walnuthaven Drive
City/State/Zip: West Covina, CA 91790

I, JACQUELINE R. ANELLO, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That ROSE RITA FRAGALLE, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as ROSE R. FRAGALLE
(Deceased Name as shown on Deed)

named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED

(Type of Document)
dated on the 22ND day of JUNE 1972 and executed by
Charles F. Janacek & Mae Janacek, known as "Grantor(s)" to Jacqueline R. Anello & Rose R. Fragalle
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 56034, on the
28TH day of JUNE 1972 in book 42, page 369, of Official Records of
EUREKA County, Nevada, covering the following described property situated in the City of
EUREKA County of EUREKA, State of Nevada.
(Set forth legal description and commonly known street address, if known)

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND BY
THIS REFERENCE MADE A PART HEREOF.

(VACANT LAND)

That value of all real property owned by decedent at date of death, including the full value of the property above described, did
not exceed the sum of \$ 2,772.00

In witness Whereof, I/We have herunto set my hand/our hands this 25TH day of AUGUST, 20 14

Jacqueline R. Anello
(Signature)

JACQUELINE R. ANELLO

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA *California*

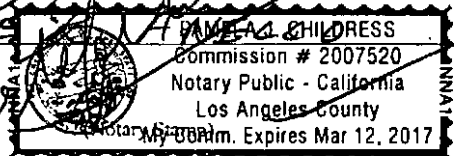
COUNTY OF EUREKA *Los Angeles*

This instrument was acknowledged before me on (date) August 25, 2014

By (person(s) appearing before notary public) Jacqueline R. Anello & Rose R. Fragalle

(Notary Public)

My Commission expires 3-12-2017

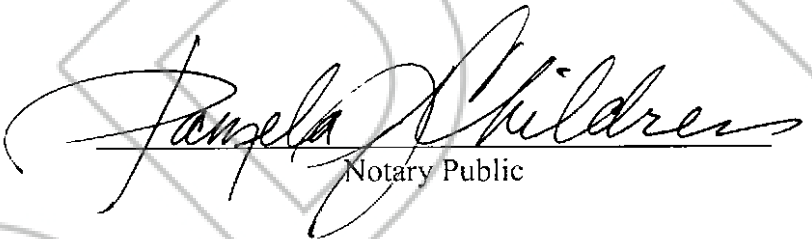


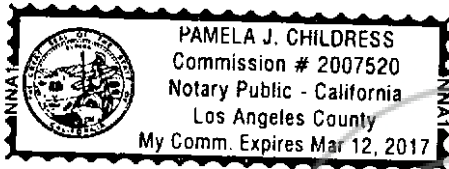
STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

On AUGUST 25, 2014, before me, Pamela J. Childress, a Notary Public, personally appeared **JACQUELINE R. ANELLO**, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Notary Public



0227838

Book 569 09/18/2014
Page: 401 Page: 3 of 5

EXHIBIT "A"

LEGAL DESCRIPTION

APN: 005-090-46

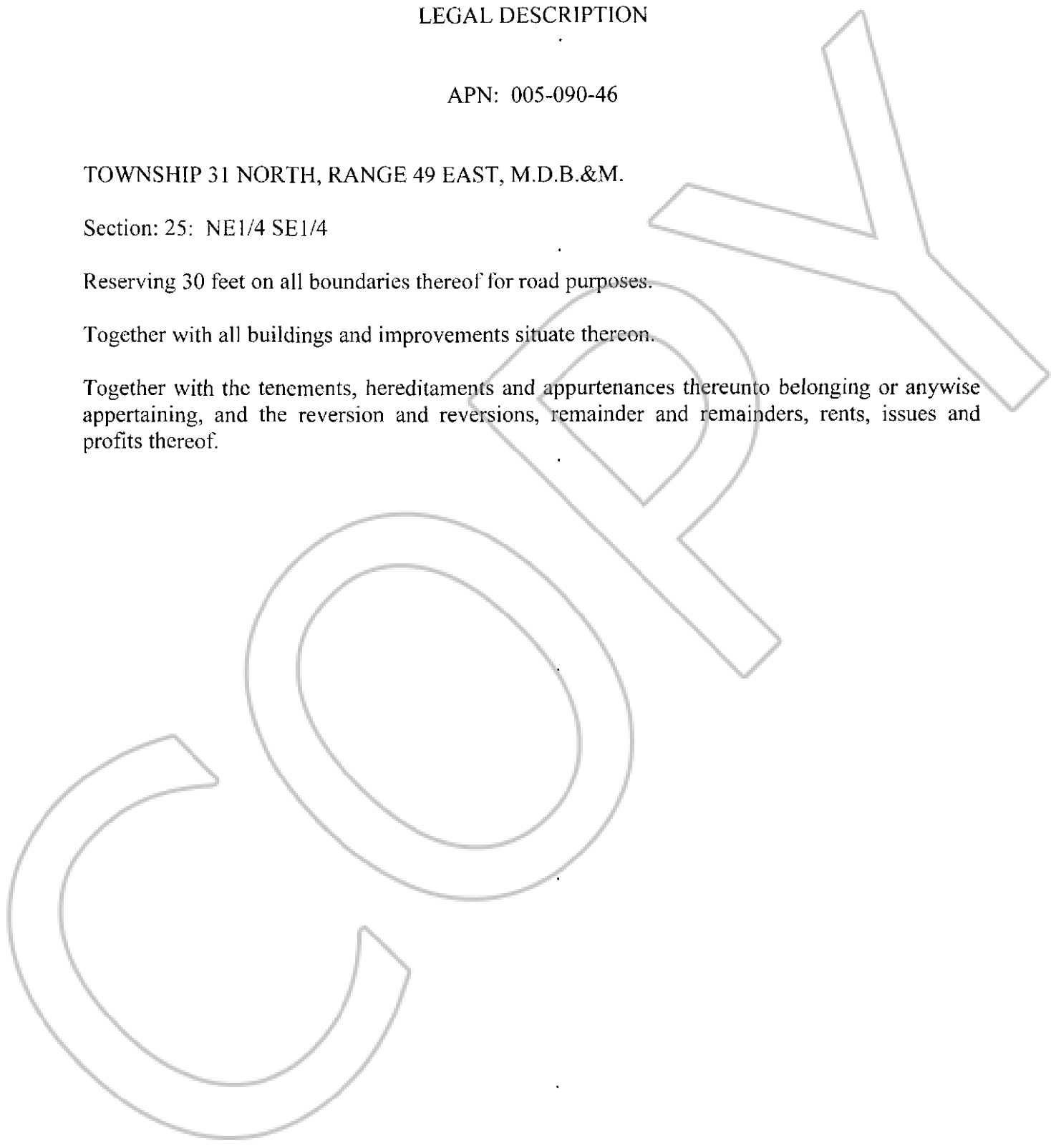
TOWNSHIP 31 NORTH, RANGE 49 EAST, M.D.B.&M.

Section: 25: NE1/4 SE1/4

Reserving 30 feet on all boundaries thereof for road purposes.

Together with all buildings and improvements situate thereon.

Together with the tenements, hereditaments and appurtenances thereunto belonging or anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.



0227838

Book: 569
Page: 402

09/18/2014
Page: 4 of 5

CERTIFICATE OF DEATH


STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Rose		2. MIDDLE Rita		3. LAST (FAMILY) Fragalle	
	4. DATE OF BIRTH MM/DD/CCYY 09/02/1910		5. AGE YRS. 84		6. SEX Fe	
	7. DATE OF DEATH MM/DD/CCYY 01/13/1995		8. HOUR 1220			
	9. STATE OF BIRTH PA.		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE 19 ___ TO 19 ___ <input type="checkbox"/> NONE	
USUAL RESIDENCE	12. MARITAL STATUS Nvr. Married		13. EDUCATION—YEARS COMPLETED 6			
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Food Giant	
	17. OCCUPATION Manager		18. KIND OF BUSINESS Food		19. YEARS IN OCCUPATION 45	
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 560 S. Azusa Ave., #239					
INFORMANT	21. CITY West Covina		22. COUNTY Los Angeles		23. ZIP CODE 91791	
	24. YRS IN COUNTY 45		25. STATE OR FOREIGN COUNTRY California			
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP Donna Schneider, Niece				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 7014 N. Encinita Ave., San Gabriel, CA. 91775	
	28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -	
	31. NAME OF FATHER—FIRST Samuel		32. MIDDLE -		33. LAST Fragalle	
	34. BIRTH STATE Italy		35. NAME OF MOTHER—FIRST Angelina		36. MIDDLE -	
DISPOSITION(S)	37. LAST (MAIDEN) Faso		38. BIRTH STATE Italy			
	39. DATE MM/DD/CCYY 01/18/1995		40. PLACE OF FINAL DISPOSITION Resurrection Cem., 966 N. Potrero Grande DR., S. San Gabriel, CA.			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OR DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>Herald Snyder</i>		43. LICENSE NO. 7467	
	44. NAME OF FUNERAL DIRECTOR Pierce Brothers Simone DuBois		45. LICENSE NO. FD 995		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Bate</i>	
PLACE OF DEATH	47. DATE MM/DD/CCYY 01/17/1995					
	101. PLACE OF DEATH Garfield Medical Center		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> HOSP. <input type="checkbox"/> RES <input type="checkbox"/> OTHER	
CAUSE OF DEATH	104. COUNTY Los Angeles				105. CITY Monterey Park	
	106. STREET ADDRESS—STREET AND NUMBER OR LOCATION 525 N. Garfield Avenue					
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)				TIME INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (A) Acute Cardiac Arrest		15 Min		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 95-50305	
DUE TO (B) Acute Hemorrhagic Shock		2 Hrs.		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO (C) Acute Hemorrhage		4 Hrs.		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (D) Acute Dissecting Aortic Aneurysm		12 Hrs.		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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. Exploratory Laparotomy, Attempted repair of aortic aneurysm 01/13/1995						
PHYSICIAN'S CERTIFICATION	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: 01/13/1995 DECEDENT LAST BEEN ALIVE: 01/13/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>D. Fujiwara</i>		116. LICENSE NO. A2JCC	
			117. DATE MM/DD/CCYY 1/16/95		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Tadao Fujiwara M.D. 316 E. 2nd St., Los Angeles, California 90012	
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
	122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
STATE REGISTRAR	126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
	A		B		C	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.


JAN 17 1995
 59
Robert C. Bate
 Director of Health Services and Registrar