

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

WHEN RECORDED MAIL TO

NAME William F. Kruse, Esq.  
Lagerlof, Senecal, et al.  
MAILING 301 N. Lake Avenue,  
ADDRESS 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

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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

**JACQUELINE R. ANELLO**

I, \_\_\_\_\_, 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) **JUNE 1972**  
dated on the **22ND** day of \_\_\_\_\_ 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  
\_\_\_\_\_, 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 hereunto 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

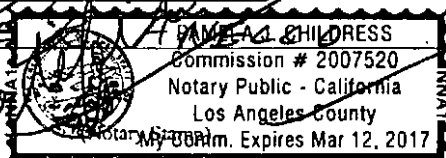
COUNTY OF EUREKA

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

By (person(s) appearing before notary public) **Angela Childress**

(Notary Public)

My Commission expires **3-12-2017**



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STATE OF CALIFORNIA

)

) ss.

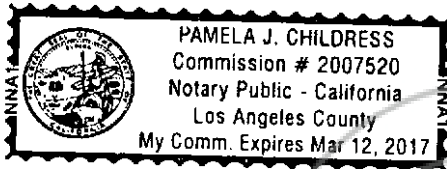
COUNTY OF LOS ANGELES

)

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.



*Pamela J. Childress*  
Notary Public



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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.



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# CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>Rose</b>		2. MIDDLE <b>Rita</b>		3. LAST (FAMILY) <b>Fragalle</b>		
	4. DATE OF BIRTH MM/DD/CCYY <b>09/02/1910</b>		5. AGE YRS. <b>84</b>		6. SEX <b>Fe</b>		7. DATE OF DEATH MM/DD/CCYY <b>01/13/1995</b>
	9. STATE OF BIRTH <b>PA.</b>		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE <b>19 TO 19 NONE</b>		12. MARITAL STATUS <b>Nvr. Married</b>
	14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Food Giant</b>		13. EDUCATION —YEARS COMPLETED <b>6</b>
<b>USUAL RESIDENCE</b>	17. OCCUPATION <b>Manager</b>		18. KIND OF BUSINESS <b>Food</b>		19. YEARS IN OCCUPATION <b>45</b>		
	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>560 S. Azusa Ave., #239</b>						
<b>INFORMANT</b>	21. CITY <b>West Covina</b>		22. COUNTY <b>Los Angeles</b>		23. ZIP CODE <b>91791</b>		24. YRS IN COUNTY <b>45</b>
	25. STATE OR FOREIGN COUNTRY <b>California</b>		26. NAME, RELATIONSHIP <b>Donna Schneider, Niece</b>				
<b>SPOUSE AND PARENT INFORMATION</b>	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>7014 N. Encinita Ave., San Gabriel, CA. 91775</b>						
	28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>-</b>		
	31. NAME OF FATHER—FIRST <b>Samuel</b>		32. MIDDLE <b>-</b>		33. LAST <b>Fragalle</b>		34. BIRTH STATE <b>Italy</b>
	35. NAME OF MOTHER—FIRST <b>Angelina</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>Faso</b>		38. BIRTH STATE <b>Italy</b>
<b>DISPOSITION(S)</b>	39. DATE MM/DD/CCYY <b>01/18/1995</b>		40. PLACE OF FINAL DISPOSITION <b>Resurrection Cem., 966 N. Potrero Grande DR., S. San Gabriel, CA.</b>				
	41. TYPE OR DISPOSITION(S) <b>Burial</b>		42. SIGNATURE OF EMBALMER <i>Herald Snyder</i>		43. LICENSE NO. <b>7467</b>		
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	44. NAME OF FUNERAL DIRECTOR <b>Pierce Brothers Simone DuBois</b>		45. LICENSE NO. <b>FD 995</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Bate</i>		47. DATE MM/DD/CCYY <b>01/17/1995</b>
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>Garfield Medical Center</b>		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"/> CONV. HOSP. <input type="checkbox"/> RES <input type="checkbox"/> OTHER		104. COUNTY <b>Los Angeles</b>
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>525 N. Garfield Avenue</b>		106. CITY <b>Monterey Park</b>				
<b>CAUSE OF DEATH</b>	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) <b>Acute Cardiac Arrest</b>					<b>15 Min</b>	
	DUE TO (B) <b>Acute Hemorrhagic Shock</b>					<b>2 Hrs.</b>	
	DUE TO (C) <b>Acute Hemorrhage</b>					<b>4 Hrs.</b>	
	DUE TO (D) <b>Acute Dissecting Aortic Aneurysm</b>					<b>12 Hrs.</b>	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>None</b>						
<b>PHYSI- CIAN'S CERTIFI- CATION</b>	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Exploratory Laparotomy, Attempted repair of aortic aneurysm 01/13/1995</b>						
	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 <b>01/13/1995</b> DECEDENT LAST SEEN ALIVE <b>01/13/1995</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Tadao Fujiwara</i>		116. LICENSE NO. <b>A2JCC</b>		117. DATE MM/DD/CCYY <b>1/16/95</b>
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP <b>Tadao Fujiwara M.D. 316 E. 2nd St., Los Angeles, California 90012</b>		119. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		120. INJURY DATE MM/DD/CCYY		121. HOUR
	122. PLACE OF INJURY		123. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
<b>CORONER'S USE ONLY</b>	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		124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)				
	125. SIGNATURE OF CORONER OR DEPUTY CORONER <b>10</b>		126. DATE MM/DD/CCYY		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		
<b>STATE REGISTRAR</b>	A		B		C		D
	E		F		G		H
FAX AUTH. #		CENSUS TRACT					

