

APN # 001-108-04

Recording Requested By:

Name Jacqualeene Campbell

Address 40725 Blacw Road

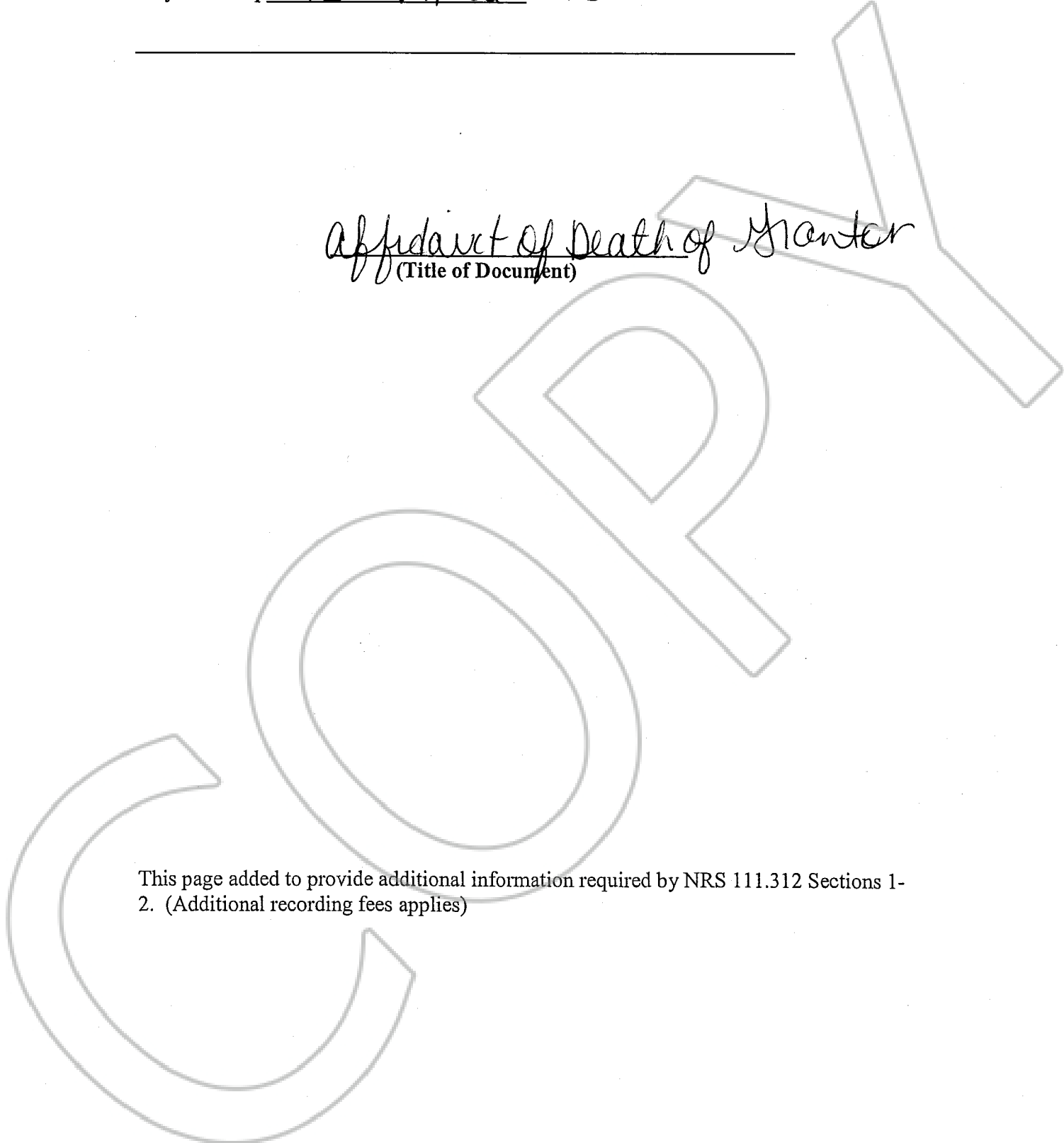
City/State/Zip Fremont, Ca. 94538



LISA HOEHNE, CLERK RECORDER

E05

Affidavit of Death of Grantor
(Title of Document)



This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

Affidavit of Death of Grantor

JACQUALEENE CAMPBELL, being duly sworn, deposes and says that JANELLE G.

DIETRICH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JANELLE G. DIETRICH, named as the Grantor in the Deed Effective Upon Death of Grantor recorded on February 2, 2018, as Document No. 18234729, Records of Eureka County, State of Nevada, more particularly described as follows:

Lot 10 in Block 14 as the same more fully appears on the official map thereof on file in the office of the Eureka County Recorder, Eureka County, Nevada.

TOGETHER WITH all buildings and improvements situate thereon.

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

APN: 001-108-04

JACQUALEENE CAMPBELL is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the Grantor, JANELLE G. DIETRICH. The beneficiary listed in the Deed Effective Upon Death of Grantor is JACQUALEENE CAMPBELL.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A REDACTED SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.


DATED: July 17, 2019

Jacqualeene Campbell
JACQUALEENE CAMPBELL

NOTE: NRS 111.699 Requires both of the following jurat and acknowledgment be completed by the Notary Public:

STATE OF Nevada,
COUNTY OF Eureka.

Subscribed and sworn to
on this 17th day of July,
in the year 2019, before me,
Michaella Elicegui,
by JACQUALEENE CAMPBELL.

 MICHAELLA L. ELICEGUI
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 19-1999-8 - Expires Mar 20, 2023

Michaella Elicegui
NOTARY PUBLIC

STATE OF Nevada,
COUNTY OF Eureka.

This instrument was acknowledged before me on 17th day of July 2019, by JACQUALEENE CAMPBELL.

 MICHAELLA L. ELICEGUI
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 19-1999-8 - Expires Mar 20, 2023

Michaella Elicegui
NOTARY PUBLIC

19070082sw.wpd
July 16, 2019

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052019108595		CERTIFICATE OF DEATH		3201901003830	
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 16-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JANELLE		2. MIDDLE YVETTE GIBELLINI		3. LAST (Family) DIETRICH	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 07/07/1937		5. AGE Yrs. 81 If UNDER ONE YEAR: Months _____ Days _____ If UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY NV		10. SOCIAL SECURITY NUMBER [REDACTED]		6. SEX F	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/RDP* (at Time of Death) WIDOWED	
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) WHITE		7. DATE OF DEATH mm/dd/yyyy 05/22/2019	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENTREPRENEUR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HAY BROKERING		8. HOUR (24 Hour) 1318	
19. YEARS IN OCCUPATION 20		20. DECEDENT'S RESIDENCE (Street and number, or location) 51 SPRING STREET			
21. CITY EUREKA		22. COUNTY/PROVINCE EUREKA		23. ZIP CODE 89316	
24. YEARS IN COUNTY 81		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP JACQUALEENE R. CAMPBELL, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or total route number, city or town, state and zip) 40725 BLACOW ROAD, FREMONT, CA 94538			
28. NAME OF SURVIVING SPOUSE/SPOP* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST LOUIS		32. MIDDLE PHILIP		33. LAST GIBELLINI JR.	
34. BIRTH STATE NV		35. NAME OF MOTHER/PARENT - FIRST JOSEPHYNE		36. MIDDLE ELIZABETH	
37. LAST (BIRTH NAME) FLORIO		38. BIRTH STATE NV			
39. DISPOSITION DATE mm/dd/yyyy 06/06/2019		40. PLACE OF FINAL DISPOSITION CHAPEL OF THE CHIMES MEMORIAL PARK 32992 MISSION BLVD, HAYWARD, CA 94544			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER DENNIS MOORE		43. LICENSE NUMBER EMB8496	
44. NAME OF FUNERAL ESTABLISHMENT FREMONT CHAPEL OF THE ROSES		45. LICENSE NUMBER FD1007		46. SIGNATURE OF LOCAL REGISTRAR ERICA PAN, MD	
47. DATE mm/dd/yyyy 05/29/2019					
101. PLACE OF DEATH WASHINGTON HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Home/Other <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2000 MOWRY AVE		108. CITY FREMONT	
107. CAUSE OF DEATH Enter the chain of events - Disease, injury, 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) (A) CARDIOGENIC SHOCK Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) ACUTE MYOCARDIAL INFARCTION (C) ISCHEMIC CARDIOMYOPATHY		109. BEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER 109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ACUTE RENAL FAILURE, PRIMARY BILIARY CIRRHOSIS, PULMONARY HYPERTENSION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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 _____		115. SIGNATURE AND TITLE OF CERTIFIER MARCO E PAVESI M.D.		116. LICENSE NUMBER C42767	
117. DATE mm/dd/yyyy 07/14/2016		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARCO E PAVESI M.D. 2557 MOWRY AVENUE # 12, FREMONT, CA 94538		117. DATE mm/dd/yyyy 05/24/2019	
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"/> Accidents <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 mm/dd/yyyy	
122. HOUR (24 Hour)					
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 mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
				"010001004216023"	

1 of 1

CA ALAMEDA 01



**CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA**

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

DATE ISSUED **MAY 31 2019**

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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



001246957

Erica Pan MD

Yvette Dietrich

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 001-108-04
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Twnhse d) 2-4 Plex
 e) Apt. Bldg f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: _____

3. Total Value/Sales Price of Property \$ 11,949
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 0

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 105
 b. Explain Reason for Exemption: Death of Grantor NRS 11.1098
Mother to Daughter

5. Partial Interest: Percentage being transferred: 100 %
 The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Jacqueline Campbell Capacity Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Jacqueline Campbell
 Address: 40725 Blacw Road
 City: Fremont
 State: Ca. Zip: 94538

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: Jacqueline Campbell
 Address: 40725 Blacw Road
 City: Fremont
 State: Ca. Zip: 94538

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED