

APN # 001-108-04

Recording Requested By:

Name Jacqualeene Campbell

Address 40725 Blacw Road

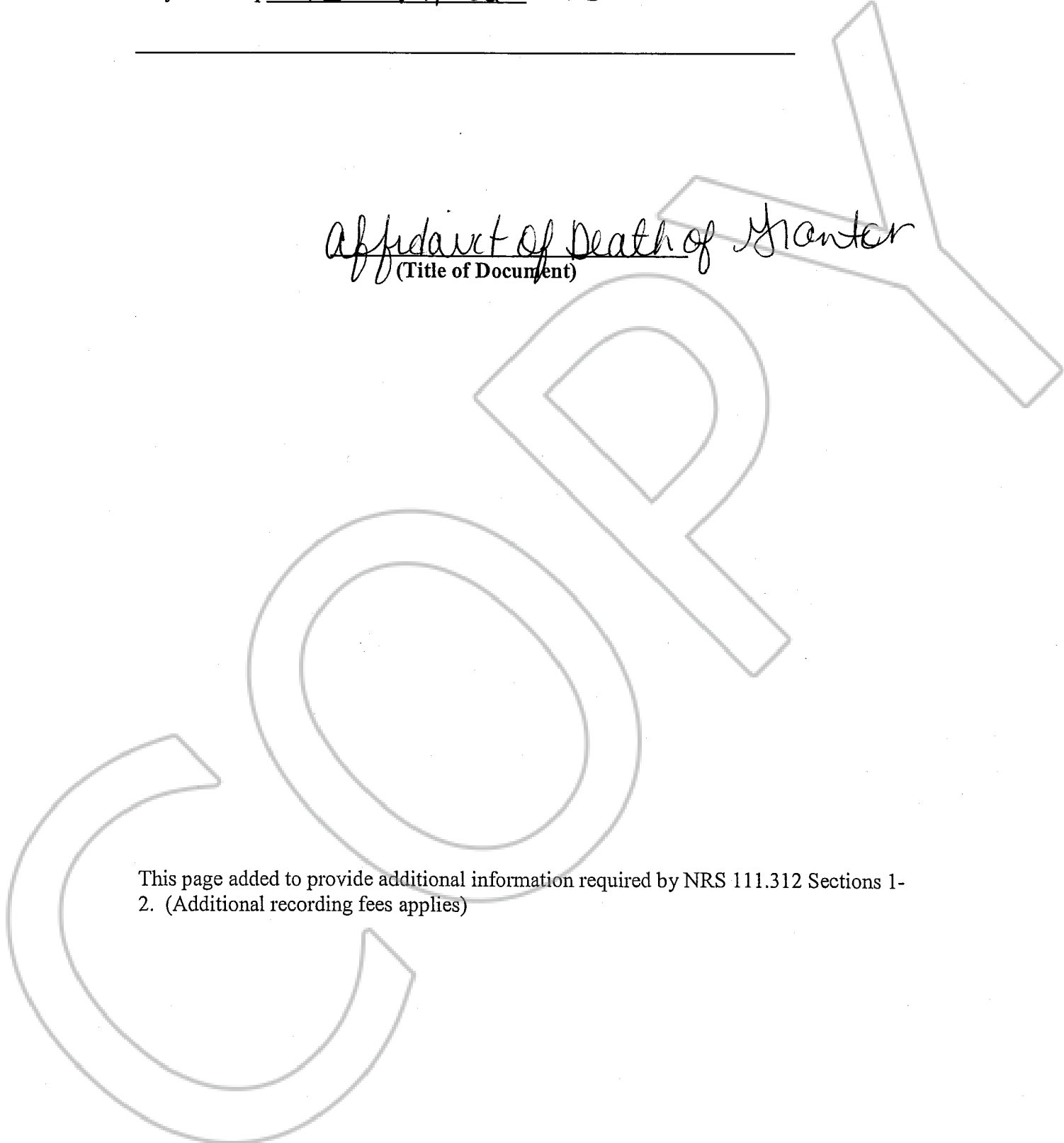
City/State/Zip Fremont, Ca. 94538



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 17<sup>th</sup> 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 L. Elicegui*  
NOTARY PUBLIC

STATE OF Nevada,  
COUNTY OF Eureka.

This instrument was acknowledged before me on 17<sup>th</sup> 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 L. 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		<b>CERTIFICATE OF DEATH</b> <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 16-1 (REV. 3/05)</small>			3201901003830		
<small>STATE FILE NUMBER</small>		<small>LOCAL REGISTRATION NUMBER</small>					
<b>DECEDENT'S PERSONAL DATA</b>	1. NAME OF DECEDENT - FIRST (Given) <b>JANELLE</b>		2. MIDDLE <b>YVETTE GIBELLINI</b>		3. LAST (Family) <b>DIETRICH</b>		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>07/07/1937</b>	5. AGE Yrs. <b>81</b>	6. SEX <b>F</b>	
	9. BIRTH STATE/FOREIGN COUNTRY <b>NV</b>	10. SOCIAL SECURITY NUMBER [REDACTED]	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) <b>WIDOWED</b>	7. DATE OF DEATH mm/dd/yyyy <b>05/22/2019</b>	8. HOUR (24 Hours) <b>1318</b>	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		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) <b>WHITE</b>			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ENTREPRENEUR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>HAY BROKERING</b>			19. YEARS IN OCCUPATION <b>20</b>		
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>51 SPRING STREET</b>							
<b>USUAL RESIDENCE</b>	21. CITY <b>EUREKA</b>		22. COUNTY/PROVINCE <b>EUREKA</b>	23. ZIP CODE <b>89316</b>	24. YEARS IN COUNTY <b>81</b>	25. STATE/FOREIGN COUNTRY <b>NV</b>	
	26. INFORMANT'S NAME, RELATIONSHIP <b>JACQUALEENE R. CAMPBELL, DAUGHTER</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or total route number, city or town, state and zip) <b>40725 BLACOW ROAD, FREMONT, CA 94538</b>			
<b>SPOUSE/SRDP AND PARENT INFORMATION</b>	28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>		
	31. NAME OF FATHER/PARENT - FIRST <b>LOUIS</b>		32. MIDDLE <b>PHILIP</b>		33. LAST <b>GIBELLINI JR.</b>		
	34. BIRTH STATE <b>NV</b>		35. NAME OF MOTHER/PARENT - FIRST <b>JOSEPHYNE</b>		36. MIDDLE <b>ELIZABETH</b>		
	37. LAST (BIRTH NAME) <b>FLORIO</b>		38. BIRTH STATE <b>NV</b>				
<b>FUNERAL DIRECTORY LOCAL REGISTRAR</b>	39. DISPOSITION DATE mm/dd/yyyy <b>06/06/2019</b>		40. PLACE OF FINAL DISPOSITION <b>CHAPEL OF THE CHIMES MEMORIAL PARK 32992 MISSION BLVD, HAYWARD, CA 94544</b>				
	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>DENNIS MOORE</b>		43. LICENSE NUMBER <b>EMB8496</b>		
44. NAME OF FUNERAL ESTABLISHMENT <b>FREMONT CHAPEL OF THE ROSES</b>		45. LICENSE NUMBER <b>FD1007</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>ERICA PAN, MD</b>		47. DATE mm/dd/yyyy <b>05/29/2019</b>		
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>WASHINGTON HOSPITAL</b>			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 <b>ALAMEDA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2000 MOWRY AVE</b>			106. CITY <b>FREMONT</b>		
<b>CAUSE OF DEATH</b>	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. <b>(A) CARDIOGENIC SHOCK</b>			108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
	<b>(B) ACUTE MYOCARDIAL INFARCTION</b>			109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	<b>(C) ISCHEMIC CARDIOMYOPATHY</b>			110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	<b>(D)</b>			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 <b>ACUTE RENAL FAILURE, PRIMARY BILIARY CIRRHOSIS, PULMONARY HYPERTENSION</b>						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) <b>NO</b>			113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
<b>PHYSICIAN'S CERTIFICATION</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>07/14/2016</b> Decedent Last Seen Alive: <b>05/22/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>MARCO E PAVESI M.D.</b>		116. LICENSE NUMBER <b>C42767</b>		
	117. DATE mm/dd/yyyy <b>05/24/2019</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MARCO E PAVESI M.D. 2557 MOWRY AVENUE # 12, FREMONT, CA 94538</b>				
<b>CORONER'S USE ONLY</b>	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 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 mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

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

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