

APN # 001-113-16



Recording Requested By:

LISA HOEHNE, CLERK RECORDER

E05

Name Jacqualeene Campbell

Address 40725 Blaens Road

City/State/Zip Fremont, Ca. 94538

Affidavit of Death of Hunter  
(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. ~~48~~234730, Records of Eureka County, State of Nevada, more particularly described as follows:

All of lots 3, 4, 5, and a portion of Lot 6, Block 72 described as follows:  
Beginning at the NE Corner of Lot 6, Block 72, thence S17'35' E, along the east end line of Lot 6, a distance of 55.55 feet, to a point on the east side line of Lot 6, thence N 72'25' W, a distance of 80 feet to a point inside of Lot 6; thence S 17' 35' E, to a point on the south side line of Lot 6, thence N 72'25' W, a distance of 73.65 feet to the SW corner of Lot 6, thence N22'36' E, -a distance of 30.35 feet thence N 7'8' E, a distance of 17.04 feet to the NW Corner of Lot 6; thence N 85'00' E, a distance of 167.00 feet along the north side line to the NE Corner of Lot 6, Block 72, the point of beginning; said parcel includes all of Lot 6 excepting a portion of 55.55 feet by 80 feet in the SE Corner previously deeded and described in Book 23 of Deeds, Page 442, and is also subject to any currently existing Highway Right-of-way; in the Town of Eureka , County of Eureka, State of Nevada, as the same more fully appear from the Official Map now on file in the Office 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: 001-113-16

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.

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**WILSON | BARROWS | SALYER | JONES**

442 Court Street | Elko, Nevada 89801 | 775.738.7271

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

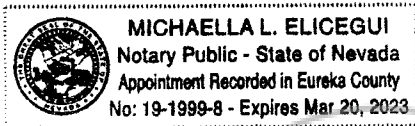
DATED: July 17, 2019

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.

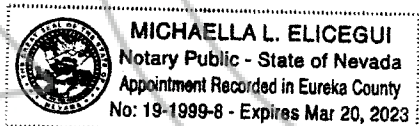
Subscribed and sworn to  
on this 17<sup>th</sup> day of July,  
in the year 2019, before me,  
Michaela L. Elicegui,  
by JACQUALEENE CAMPBELL.



Michaela L. Elicegui  
NOTARY PUBLIC

STATE OF Nevada,  
COUNTY OF Eureka.

This instrument was acknowledged before me on 17<sup>th</sup> of July, 2019, by JACQUALEENE CAMPBELL.



Michaela L. Elicegui  
NOTARY PUBLIC

19070092sw.wpd  
July 16, 2019

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

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## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT

3052019108595

## CERTIFICATE OF DEATH

3201901003830

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JANELLE		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		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY NV		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/yyyy 05/22/2019	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENTREPRENEUR		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HAY BROKERING		18. 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 route number, city or town, state and zip) 40725 BLACOW ROAD, FREMONT, CA 94538		28. NAME OF SURVIVING SPOUSE/SDP - 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"/> 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	
106. CITY FREMONT		107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOGENIC SHOCK (B) ACUTE MYOCARDIAL INFARCTION (C) ISCHEMIC CARDIOMYOPATHY 108. DEATH REPORTED TO CORONER? (AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (BT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (CT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (DT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 109. BIOPSY PERFORMED? (BT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 110. AUTOPSY PERFORMED? (CT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 111. USED IN DETERMINING CAUSE? (DT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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 mm/dd/yyyy 07/14/2016 Decedent Last Seen Alive mm/dd/yyyy 05/22/2019		115. SIGNATURE AND TITLE OF CERTIFIER MARCO E PAVESI M.D. 116. LICENSE NUMBER C42767 117. DATE mm/dd/yyyy 05/24/2019	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARCO E PAVESI M.D. 2557 MOWRY AVENUE # 12, FREMONT, CA 94538		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"/> Accident <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			

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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

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



001246957

HEALTH OFFICER AND LOCAL REGISTRAR

ALAMEDA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NEVADA  
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 001-113-16  
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

\$ 31149

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: 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 Blarow Road  
City: Fremont  
State: CA Zip: 94538

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Jacqueline Campbell  
Address: 40725 Blarow 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