

APN # 001-065-14

Recording Requested By:

Name Jacqualeene Campbell

Address 40725 Blacaw Road

City/State/Zip Fernand, Ca. 94538



LISA HOEHNE, CLERK RECORDER E05

Affidavit of Death of Taylor
(Title of Document)

COPY

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. 18234726, Records of Eureka County, State of Nevada, more particularly described as follows:

Lot 6 and 7, Block 37 of EUREKA TOWNSITE as the same 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: 001-065-14

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.

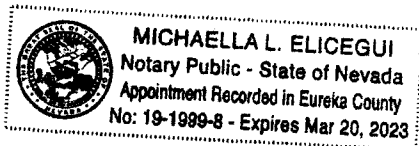
DATED: July 17, 2019


JACQUALEENE CAMPBELL

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

STATE OF Nevada,
COUNTY OF Eureka.

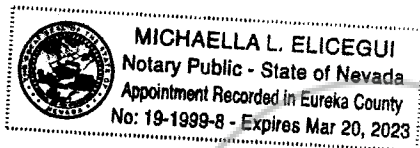
Subscribed and sworn to
on this 17th day of July,
in the year 2019, before me,
Michaela Elcegui,
by **JACQUALEENE CAMPBELL**.



Michaela Elcegui
NOTARY PUBLIC

STATE OF Nevada,
COUNTY OF Eureka.

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



Michaela Elcegui
NOTARY PUBLIC

19070052sw.wpd
July 16, 2019

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052019108595		CERTIFICATE OF DEATH <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ADORNATIONS (C-140REV 3/05)</small>		3201901003830	
<small>STATE FILE NUMBER</small>		<small>LOCAL REGISTRATION NUMBER</small>			
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JANELLE		2. MIDDLE YVETTE GIBELLINI		3. LAST (Family) DIETRICH
	4. DATE OF BIRTH m/m/dd/yyyy 07/07/1937				
	5. AGE Yrs. 81		6. IF UNDER ONE YEAR Months Days 81		7. UNDER 24 HOURS Hours Minutes 81
	8. SEX F				
9. BIRTH STATE/FOREIGN COUNTRY NV		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/SRDP* (at Time of Death) WIDOWED		13. DATE OF DEATH m/m/dd/yyyy 05/22/2019		14. HOUR (24 Hour) 1318	
15. EDUCATION - Highest Level/Degree HS GRADUATE		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. 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 ENTREPRENEUR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HAY BROKERING		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 route number, city or town, state and zip) 40725 BLACOW ROAD, FREMONT, CA 94538		
28. NAME OF SURVIVING SPOUSE/SRDP - 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 m/m/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 m/m/dd/yyyy 05/29/2019					
48. PLACE OF DEATH WASHINGTON HOSPITAL					
49. COUNTY ALAMEDA		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2000 MOWRY AVE		51. CITY FREMONT	
52. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) CARDIOGENIC SHOCK					
53. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST (B) ACUTE MYOCARDIAL INFARCTION (C) ISCHEMIC CARDIOMYOPATHY					
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 52 ACUTE RENAL FAILURE, PRIMARY BILIARY CIRRHOSIS, PULMONARY HYPERTENSION					
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 OR 53? (If yes, list type of operation and date) NO					
56. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
57. 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: m/m/dd/yyyy 07/14/2016		58. Decedent Last Seen Alive: m/m/dd/yyyy 05/22/2019		59. SIGNATURE AND TITLE OF CERTIFIER MARCO E PAVESI M.D.	
60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARCO E PAVESI M.D. 2557 MOWRY AVENUE # 12, FREMONT, CA 94538		61. LICENSE NUMBER C42767		62. DATE m/m/dd/yyyy 05/24/2019	
63. 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					
64. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
65. INJURY DATE m/m/dd/yyyy: _____ 122. HOUR (24 Hour): _____					
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
67. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
68. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
69. SIGNATURE OF CORONER / DEPUTY CORONER		70. DATE m/m/dd/yyyy		71. 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.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
a) ~~001-065-14~~ 001-065-14
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'/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 \$ 23666
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 5
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 Jaqualeene Campbell Capacity Grantor
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
Print Name: Jaqualeene Campbell
Address: 40725 Blacow Road
City: Fremont
State: CA Zip: 94538

BUYER (GRANTEE) INFORMATION
(REQUIRED)
Print Name: Jaqualeene Campbell
Address: 40725 Blacow 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