

APN # 001-131-03

Recording Requested By:

Name Jacqualeene Campbell

Address 40725 Blacow Road

City/State/Zip Fremont, Ca. 94560



LISA HOEHNE, CLERK RECORDER

E05

Affidavit of Death of Mentor  
(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. 18234728, Records of Eureka County, State of Nevada, more particularly described as follows:

Lots 7 and 8 in Block 6, and the South 12 ½ feet of Lot No. 6 in Block 6, in the Town of Eureka, County of Eureka, State of Nevada, as the same appears on the official map or plat thereof on file in the office of the Eureka County Recorder as the same more fully appear from the Official Map now on file in the Office of the 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: 001-131-03

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.

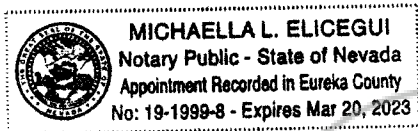
DATED: July 17, 2019

*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.

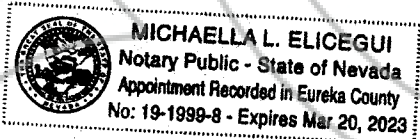
Subscribed and sworn to  
on this 17<sup>th</sup> day of July,  
in the year 2019, before me,  
Michaella Elicegui,  
by JACQUALEENE CAMPBELL.



*Michaella 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 Elicegui*  
NOTARY PUBLIC

19070092sw.wpd  
July 16, 2019

# STATE OF CALIFORNIA

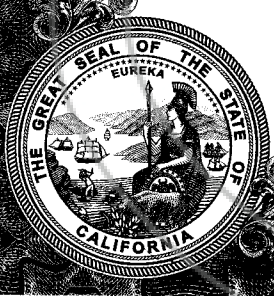
## CERTIFICATION OF VITAL RECORD

### ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052019108595		<b>CERTIFICATE OF DEATH</b>		3201901003830		
STATE FILE NUMBER		<small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-14REV 3/08)</small>		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>JANELLE</b>		2. MIDDLE <b>YVETTE GIBELLINI</b>		3. LAST (Family) <b>DIETRICH</b>	
	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 <b>5</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SPDP* (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>
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>51 SPRING STREET</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>	
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>JACQUALEENE R. CAMPBELL, DAUGHTER</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or route number, city or town, state and zip) <b>40725 BLACOW ROAD, FREMONT, CA 94538</b>		
	28. NAME OF SURVIVING SPOUSE/SPDP - 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>	
SPOUSE/SPDP AND PARENT INFORMATION	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>	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>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	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>	
	101. PLACE OF DEATH <b>WASHINGTON HOSPITAL</b>	102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> 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>	
PLACE OF DEATH	106. CITY <b>FREMONT</b>	107. CAUSE OF DEATH Enter the cause of death - Diseases, injuries, 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) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> REFERRAL NUMBER <b>WKS</b>	109. BIOPSY PERFORMED? (BT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>YRS</b>	110. AUTOPSY PERFORMED? (CT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>YRS</b>	
	111. USED IN DETERMINING CAUSE? (DT) YES <input type="checkbox"/> NO <input type="checkbox"/>	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? 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 (B) Decedent Last Seen Alive mm/dd/yyyy <b>07/14/2016</b> <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>	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)	
CORONER'S USE ONLY	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		

1 of 1

CA ALAMEDA 01



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

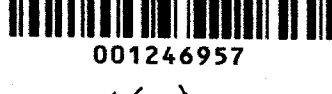
This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **MAY 31 2019**

*Erica Pan MD*  
INTERIM HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

*Wanda De...*  
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) 001-131-03  
 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 \$ 70231  
 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: Jacqualeene Campbell Capacity: Grantor  
 Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_

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

**BUYER (GRANTEE) INFORMATION**  
 (REQUIRED)  
 Print Name: Jacqualeene 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