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LISA HOEHNE, CLERK RECORDER

E05

APN # 001-131-03

Recording Requested By:

Name Jacqualeene CampbellAddress 40725 Blacow RoadCity/State/Zip Fremont, Ca 94560

Affidavit of Death of Mentor
(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. 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.

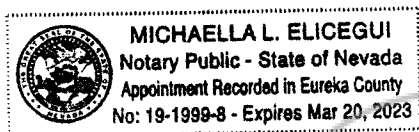
DATED July 17, 2019


JACQUALEENE CAMPBELL

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

STATE OF Nevada,
COUNTY OF Eureka.

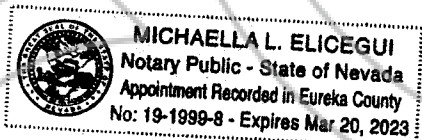
Subscribed and sworn to
on this 17th day of July,
in the year 2019, before me,
Michaela L. Elicegui,
by JACQUALEENE CAMPBELL.




NOTARY PUBLIC

STATE OF Nevada,
COUNTY OF Eureka.

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




NOTARY PUBLIC

19070092sw.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 (S-14REV 3/08)		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 21 HOURS: Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY NV		10. SOCIAL SECURITY NUMBER 5		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPD* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 05/22/2019		8. HOUR (24 Hours) 1318	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		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	
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/SPD* - 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"/> DOA		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 Enter the chain of events - 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. (A) CARDIOGENIC SHOCK (B) ACUTE MYOCARDIAL INFARCTION (C) ISCHEMIC CARDIOMYOPATHY (D) 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		108. DEATH REPORTED TO CORONER? (AT) YES <input checked="" type="checkbox"/> NO (BT) YES <input checked="" type="checkbox"/> NO (CT) YES <input checked="" type="checkbox"/> NO (DT) YES <input checked="" type="checkbox"/> NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" 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 mm/dd/yyyy Decedent Last Seen Alive mm/dd/yyyy 07/14/2016 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		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, CALIFORNIAHEALTH 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