

APN # 001-108-03

Recording Requested By:

Name Jacqualeene Campbell

Address 40725 Blacaw 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. 48234727, Records of Eureka County, State of Nevada, more particularly described as follows:

Lots 8 and 9 in Block 14, as the same more fully appear from the Official Map now on file in the Office of the County Recorder, Eureka County, Nevada and also all that portion of Lot 7 in Block 14, as the same more fully appear from the Official Map now on file in the Office of the County Recorder, Eureka County, Nevada, and which is more particularly described as follows:

Beginning at the SW Corner of Lot 7 in Block 14, thence N 80'58' E, a distance of 54.56 feet to the SE Corner of Lot 7, thence N14'43' W, along the East end line of Lot 7, a distance of 13 feet thence S 80'58' W, parallel with the South side line of Lot 7 to a point of the West end line of Lot 7, thence S10'58' E, along the West end line of Lot 7,- a distance of 15 feet to the SW corner of Lot 7, the place of beginning.

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: 001-108-03

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.

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.

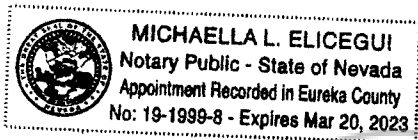
DATED: July 17, 2019

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.

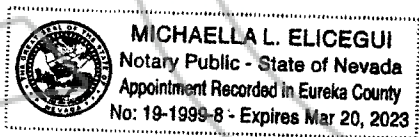
Subscribed and sworn to
on this 17th day of July,
in the year 2019, before me,
Michaela Elicegui,
by JACQUALEENE CAMPBELL.



Michaela Elicegui
NOTARY PUBLIC

STATE OF Nevada,
COUNTY OF EUREKA.

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



Michaela Elicegui
NOTARY PUBLIC

19070062sw.wpd
July 16, 2019

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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		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-140697-2005)				LOCAL REGISTRATION NUMBER									
DECEDENT'S PERSONAL DATA	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	6. SEX F									
	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/SDOP (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/A 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									
USUAL RESIDENCE	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								
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP JACQUALEENE R. CAMPBELL, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 40725 BLACOW ROAD, FREMONT, CA 94538											
	28. NAME OF SURVIVING SPOUSE/SDOP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -										
SPOUSE/SDOP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST LOUIS		32. MIDDLE PHILIP		33. LAST (BIRTH NAME) GIBELLINI JR										
	34. BIRTH STATE NV		35. NAME OF MOTHER/PARENT - FIRST JOSEPHYNE		36. MIDDLE ELIZABETH										
FUNERAL DIRECTORY LOCAL REGISTRAR	37. LAST (BIRTH NAME) FLORIO		38. BIRTH STATE NV		39. BIRTH STATE NV										
	38. 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 DISPOSITIONS 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									
PLACE OF DEATH	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 <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> 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										
CAUSE OF DEATH	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 ventilator failure without showing the etiology. DO NOT ABBREVIATE.					108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOGENIC SHOCK					(AT) DY									
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) ACUTE MYOCARDIAL INFARCTION					(BT) WKS									
	(C) ISCHEMIC CARDIOMYOPATHY					(CT) YRS									
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
111. USED IN DETERMINING CAUSE? <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 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															
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: 07/14/2016 Decedent Last Seen Alive: 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)															
CORONER'S USE ONLY															
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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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

Erica Pan MD
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) 001-108-03
 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 \$ 10791
 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: _____ %
 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: Grantee
 Signature: _____ Capacity: _____

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

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Jacqueline 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