178392

(Death of a Joint Tenant)

being of legal age, and being first v sworn, deposes and says:	, the Affian
That William Tierpont	, the decedent
mentioned in the attached certificate of Death, is the	own on Death Certificate)
Pierpont	same person as appropriate the point
(Deceased Name	enancy Deed
76	(Type of Document)
dated on the September	1 W () 11
10 William & Calee L. Pierro	, known as "Grantor(s)"
as "Grantec(s)", as Joint Tenants, arecorded as Instrument No.	129 819 , on the
	_, 19 2 9, in book 2 O 3 (Rg 289), of Officia
Records of Function County, Nevac	da, covering the following described property situated in the City of
(Set forth legal description and commonly wn street address, if known)	, State of Nevada.
Tank Out	
T30N, R4E SEC. 27	5W45E4NW4
ASSESSOR'S PARCEL NO. (AP) 005-23	0-16
. \ \	
That value of all real property owney decedent at date of death, in the sum of \$	scluding the full value of the property above described, did not exceed
	/./
In Witness Whereof, I/We have hereunet my hand/our hands this2	3th day of July , to 2002
District	
(Signature)	(Signature)
Onalee Linda Terpont (Print or type name here)	
(Fina of type name nere)	(Print or type name here)
STATE OF NEVADA	RECORDING REQUESTED BY AND MAIL TO
COUNTY OF Eureka	NAME Onalee L Newton
on the 23rd day of Jy , \$2002	ADDRESS PO Box 583 CITY/ST/ZIP Caliente, NV. 8900
personally appeared before me, a Notariblic	1
Dady Hicketheas	If applicable mail tax statements to
Challe Finda Fierport	ADDRESS Same as above
personally known to me to be the personose name(s) is subscribed to the above instrument who acknowled that he executed	
the instrument.	SPACE BELOW THIS LINE FOR RECORDERS USE ONLY
Dady Sorcoerea)	
(Notary Public)	
GLADY GOIC CHEA (Notary Stemp) Notary Public - Stal Nevada	
Appointment Recorded in ka County No: 94-0329-8 - Expires for 28, 2002	
Named Land House Inc. (200) 570 5071 - Affiliation of Link Transit and All Link	BOOK 3 4 8 PAGE 3 4 7
Nevada Legal Forms, Inc. (702) 870-8977 • Affidavich of Joint Tenant • AFF 111 G C 1991 • rv 930512 • 14 • 20 pk CAUTION: If them this form is BROWN it is an original. Material may not be reproduced in whole or in part is form whatsoever.	L CHOUG

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

. ' • •	Į.	İ	CERTIFICATE	OF DEA	TH			
	LOCAL FILE NUMBER		*			1		
TYPE OR PRINT	ARASWITTI am First	Middle					STATE FILE	NUMBER
IN IN			PIERREPONT	10	ATE OF DEATH	l (Month, Day, Year)		ITY OF DEATH
PERMANENT	1. William		PIERPONT	2	Tue	ie 21, 2000	. 1	
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER	INSTITUTION-Name (If not el	ther give street	and avarbank	16 ZI, Z000	3a.	Clark
	n les Vess					If Hosp, or Inst. indic Rm. Inpatient (Specif	ate DOA, OP/Emer.	SEX
DECEDENT	3b. Las Vegas	3c Vencor H	ospital Of La	s Vega	8	3e. Innat	" · d	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	ecedent of Hispanic Origin	? Specify ☐ yes ☐ yo If yes, Rican, etc.	AGE—Last	UNDER 1	input		4 Male
	5. White	Mexican, Cuban, Puerto i	Rican, etc.	Birthday (Year	s) MOS	YEAR UNDER 1 I		IRTH (Mo., Day, Yr.)
1	CTATE OF BIOTH			7a. 70		7c.		26 1000
IF DEATH Occurred in	(if not U.S.A., name country)	IZEN OF WHAT COUN-	Decedent's Education. Spe	city highest	MARRIED NEV		lo nay	30, 1930
ANSTITUTION	9a. Massachusetts	, 11 C Y	grade completed.		MARRIED, NEV WIDOWED, DIV	ORCED.	SUHVIVING SPOUS	SE (If wife, give malden name)
SEE HANDBOOK		U.S.A.	110.		(Specify) Ma	rried	12. Onalee Li	iada Bastas
REGARDING COMPLETION OF		UAL OCCUPATION (Give rking Life, Even if Retired)	Kind of Work Done During Mo	st of	KIND OF BUS	INESS OF INDUSTRY	Ongres F	rong parrop
RESIDENCE ITEMS	13. 032-20-3556	Officer	(D=4.1	_	i			
, 1		OTTICEL	/ Retired	•	14b. [j	.S. Govern	ment	
	HESIDENCE—STATE COUR		CITY, TOWN, OR LOCATION		STRE	ET AND NUMBER		IDE CITY LIMITS
-	15a. Nevada 15b.	incoln	.c. C-3.4		1		/So	ecity Yes or No)
	FATHER—NAME Flist	Middle	15c. Caliente		15d.	32 Broken House 1	Lane 15e	
PARENTS		MIGGIE	Last MOT	IER-MAIDEN	NAME	First	Middle	Last
	16. Raymond	Pi	errepont 17.	C1			4	Luui
	INFORMANT—NAME (Type or Print)	* 4,		Glad	18		bood	
	1,7,7		MAILING ADDRESS		(Street or F	3.F.D. No., City or Town	, State, Zip)	
	18a Onales I. Pier	it - Wife	im 32 Prok	II	- t	~ , , , , \ .	\	
	BURIAL, CREMATION, REMOVAL, OTHER		OR CREMATORY—NAME	CII IIV L.	عد ليدران	,, Calieni	e, hevau	± 69006 '
			ON ONLINE TONT—NAME			LOCATION	City or Town	State
DISPOSITION	19a. Cremation	19b. Pa	alm Crematory			1,00 1 100		
Diel Comon	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting a) Such)	7 FUNERAL D	RECTOR I NAME AND ADD	DESC OF CACH	1752	19c. Las V	egas, Ne	vada
	20a. 20a.		RECTOR NAME AND ADD	NEGO OF FACI	''' Af	fordable 🕻	remation	And Burial
3		20b. (2)	20c. 245	7 N. De	eatur	Blud Lag	Vones II.	evada 89108
· ·	Z 21e. To the bow of my knowledge, is due to the cause(s) stated	contred of the flower the d	ind processino	224				
		_ (N has		at the time, da	te and place and due to	estigation, in my opi the cause(s) and ma	Mon death occurred
	(Signature and Title)			D 8 (Sid	nature and Title			armor stared.
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEAT	н 😈	— 最 ma	TE SIGNED (Mo	Day. Yr.)	HOUR OF DEATH	
	21b. (a) 200 (5)		11 . 45 . BW	ξ×	The state of the s		noon or beam	
CERTIFIER	NAME OF STREET	21c.	11:45 PM	8 g 22b		The same of the sa	22c.	
-	OSC SIGNATURE and TIME DATE SIGNED (Mo. Day, Yr.) Signature and Time Date Sig	FOTHER THAN CERTIFIE	R (Type or Print)	Conners Office	ONOUNCED DE	AD (Mo., Day, Yr.)	PRONOUNCED DE	AD (Hour)
1	W 21d.			<u> </u>	Section 1		-	1.100.7
1	NAME AND ADDRESS OF CEE	D (DUVE)CIAN ATTENDA	10.00	22d	. ON		22e. AT	
	NAME AND ADDRESS OF CER						LICENSE	NUMBER
Ĺ	23a Karyn Rae Lo	2 108 CM vi	Panaha Ta-		N.		\ C	コンルム
COMPITIONS	REGISTRAR	·) 110 001 0	Nancio Las	vegas N	evada 1	89106	23b.	WI CO
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE		1 0 -	DATE RECEIV	ED BY REGIST	RAR (Mo., Day,	YE) DEATH DUE TO C	OMMUNICABLE DI	SEASE
WHICH GAVE	24a. (Signature)	transland.	24b.	UN 27	2000	24c. YESIT		\
IMMEDIATE /	25. IMMEDIATE CAUSE (ENTER OF A	IE CAUSE PER LINE FOR	(a) (b) ANGO ALL	911 56 8	2000	24c. YES	NO	
CAUSE STATING THE UNDERLYING CAUSE LAST	^ ~ ~ ~		76. 1 76.		1		Interval betw	veen onset and death
UNDERLYING	PART (a) CHRUSIO	MARGALLIN	M FEBRUAR	5			;	1
CAUSE LAST	DUE TO, OR AS A CONSEN	CE OF:	1 - Gires	4	/		•	
1 1	((11000	mac	TIME DOWN	\	/	/	interval bety	veen onset and death
└		DDPIJMM	arus puun			SEASE	;	
	DUE TO, OR AS A CONSE	CE OF:	-			30 L 402	- 1-1	
	1		N	747	1		interval betv	veen onset and death
AUSE OF	(4)				1		•	
DEATH	PART OTHER SIGNIFICANT CONDIT-	Conditions contributing to	death but not resulting in the L	inderlying cause	given in Part 1.	AUTOPSY (So	ecity WAS CASE I	REFERRED TO
			The state of the s	N	74	l resor	NO CORONER (Specify Yes or No)
	ACC STROIDE HOM LINDET	FR4.83			7%	^{26.} No	27.	No
i	On FENDING INVEST	RY (Mo., Day, Yr.) HOUR	OF INJURY DESCRIE	E HOW INJUR	Y OCCURRED		· · · · · · · · · · · · · · · · · · ·	ALS
i	(Specify) 28a. 28b.	28c.	M 28d.		. "	h.		
F					3.	76		
	(Specify Yes or No)	JURY—At home, farm, str building, etc. (Specil	eet, factory, office LOCATION	DN.	STREET OR R	.F.D. No. CI	TY OR TOWN	STATE
`\	28e. 281.		28g.	N	7%	2		
				1				
			- N	1		ur		

No.162163

STATE REGISTRAR

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NOT VALID WITOUT THE RAISED SEAL OF HE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By: A

IUN 2 8 2000

ARK COUNTY HEALTH DISTRICT 25 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223

BOOK 3 4 8 PAGE 3 4

Tax ID# 88-0151573

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AUGUST 24, 2001

AT 4/ MINUTES PAST 4 O'CLOCK
P. M IN BOOK 157 OF OFFICIAL

RECORDER PAGE 507 LINCOLN

BOOK 1 JOHADY BLODGER

BOOK 348 PAGE 347
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
OALL & Houton
O2 JUL 23 AM 10: 57

LUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES/6-

