

Assessor's Parcel No. 005-240-36

EUREKA COUNTY, NV
LAND-ANT
Rec:\$37.00
Total:\$37.00
DONNA RAE HARRER

2022-248638
08/22/2022 04:17 PM
Pgs=3

**MAIL TAX STATEMENTS AND
RECORDED DOCUMENT TO:**

Donna Rae Harrer
P.O. Box 16
Orovada, Nevada 89425



The undersigned affirm there is a Social Security
number contained in the certificate of death attached
to this document as required by NRS 440.380

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA,)
 :SS.
COUNTY OF HUMBOLDT.)

DONNA RAE HARRER, being first duly sworn, deposes and says:

1. That Affiant is resident of the County of Humboldt, State of Nevada.

2. That she is the surviving joint tenant of JEANNETTE HILL JAMES, also known as JEANNETTE JOSEPHINE JAMES, who died on July 20, 2022, in the County of Clark, State of Nevada; that a Certificate of Death certified by the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Vital Statistics, is attached hereto and made a part hereof by reference.

3. That the aforesaid JEANNETTE HILL JAMES during her lifetime acquired title with Affiant as joint tenants with full right of survivorship by Joint Tenancy Deed dated March 18, 2009, and recorded with the County Recorder of Eureka County, Nevada, on March 18, 2009, as File No. 0213188, certain real property located in the County of Eureka, State of Nevada, particularly described as follows, to-wit:

Parcel No. 1 of that certain Parcel Map filed in the office of the
County Recorder, Eureka County, Nevada, on December 12,
1996, as Map No. 165367, Official Records, for JEANNETTE
HILL JAMES, said parcel being a portion of Section 33, T30N,
R48E, M.D.B.&M. 13.080 Acres + or -

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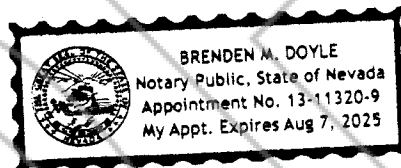
4. The said joint tenancy ownership above described existed at the time of the death of JEANNETTE HILL JAMES, and by reason thereof, Affiant declares that she is the sole surviving joint tenant, and by reason thereof, became the sole owner of the above described real properties.

5. That this Affidavit is made pursuant to NRS 40.525(5) and NRS 111.365 for the purpose of terminating the joint tenancy with right of survivorship interest of JEANNETTE HILL JAMES, deceased, in the above described real properties.

Donna Rae Harrer
DONNA RAE HARRER

SUBSCRIBED AND SWORN to before me
this 1st day of August, 2022.

[Signature]
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4296045

CERTIFICATE OF DEATH

2022017695
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jeannette Josephine JAMES		2. DATE OF DEATH (Mo/Day/Year) July 20, 2022		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 6340 S Jones Blvd		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Hospice Facility (HFS)	
DECEASED	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 16, 1933	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER [REDACTED]	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME		14c. Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
DISPOSITION	15d. STREET AND NUMBER 78 McDaniel		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank DUARTE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Viola HUDSON		18a. INFORMANT - NAME (Type or Print) Donna Rae HARRER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 16 Orovada, Nevada 89425	
MADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Funeral Smith		19c. LOCATION City or Town State Henderson Nevada 89011	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TYSON SMITH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD707		20c. NAME AND ADDRESS OF FACILITY Star Mortuary and Crematory 6484 Boulder Ranch Ave Henderson NV 89011	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MANPREET S SRAN MD SIGNATURE AUTHENTICATED		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		21b. DATE SIGNED (Mo/Day/Yr) July 22, 2022	
	21c. HOUR OF DEATH 18:40		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Manpreet S Sran MD 6330 S Jones Blvd Las Vegas, NV 89118		23b. LICENSE NUMBER 18732		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I	
	(a) Acute Hypoxic Respiratory Failure		(b) Acute Renal Failure		(c) Unknown Etiology	
CONDITIONS IF ANY WHICH MAY RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE						

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *Susan Zannus*

DATE ISSUED: 7/27/2022

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

