EUREKA COUNTY, NV
LAND-TJT
This is a no fee document
NO FEE
PERNECIA JOHNSON

2023-250736
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KATHERINE J. BOWLING, CLERK RECORDER

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 005-470-18

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: PERNECIA JOHNSON
Address: P.O. BOX 506
City/State/Zip: EUREKA, NV 89316

I, PERNECIA JOHNSON, the Affiant, being of legal age, and being first duly sworn, deposes and says:
That KARON MARIE HOLLANDER, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as KARON M. HOLLANDER
(Deceased Name as shown on Deed)

named as one of the parties in that certain QUIT CLAIM DEED,
(Type of Document)
dated on the 28th day of OCTOBER, 1996, and executed by PERNECIA JOHNSON, known as "Grantor(s)" to HOLLANDER, K.M. & GRUENING, V.M, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 1996-002498, on the 15th day of NOVEMBER, 1996, in book 303 Page 277, of Official Records of EUREKA County, Nevada, covering the following described property situated in the City of CRESCENT VALLEY, County of EUREKA, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Section 33, Township 29 North, Range 48 East, MDB&M SW1/4 NE1/4 SE1/4

Parcel 005-470-18
Roll 002498

T29N, R48E, SEC.33 SW4NE4SE4, APN: 005-470-18

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of $ 15,100.00.

In witness Whereof, I/We have hereunto set my hand/our hands this 12th day of JUNE, 2023

Pernecia Johnson
(Signature)
PERNECIA JOHNSON
(Print or type name here)

(Signature)
(Print or type name here)

STATE OF NEVADA)
)
COUNTY OF EUREKA)
This instrument was acknowledged before me on (date) 6·12·23
By (person(s) appearing before notary public) PERNECIA JOHNSON

Brandy Mahoney
(Notary Public)
My Commission expires: SEPT 15, 2026

(Notary Stamp)
BRANDY MAHONEY
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No. 22-1005-00 - Expires September 15, 2026

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS – RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 4000165

2018001380
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX): Karon Marie HOLLANDER

2. DATE OF DEATH (Mo/Day/Year): January 19, 2018

3a. COUNTY OF DEATH: Washoe

3b. CITY, TOWN, OR LOCATION OF DEATH: Reno

3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or location): Evergreen Residence

3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): Residential Care Facility

4. SEX: Female

5. RACE (Specify): White

6. Hispanic Origin? Specify: No - Non-Hispanic

7a. AGE-Last birthday (Years): 79

7b. UNDER 1 YEAR: MOS | DAYS

7c. UNDER 1 DAY: HOURS | MINS

8. DATE OF BIRTH (Mo/Day/Yr): June 08, 1938

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not US/CA, name country): Minnesota

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]

14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker

14b. KIND OF BUSINESS OR INDUSTRY: Homemaker

Ever in US Armed Forces? No

15a. RESIDENCE - STATE: Nevada

15b. COUNTY: Eureka

15c. CITY, TOWN OR LOCATION: Crescent Valley

15d. STREET AND NUMBER: 274 2nd St

15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix): Harold Edward HOLLANDER

17. MOTHER/PARENT - NAME (First Middle Last Suffix): Evelyn Mae MATHEWS

18a. INFORMANT- NAME (Type or Print): Michelle Icy BELL

18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip): 6413 Wildrose Dr Tahoe Vista, California 96148

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation

19b. CEMETERY OR CREMATORY - NAME: La Paloma Reno

19c. LOCATION City or Town State: Reno Nevada

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): RYAN BOWEN SIGNATURE AUTHENTICATED

20b. FUNERAL DIRECTOR LICENSE NUMBER: FD810

20c. NAME AND ADDRESS OF FACILITY: Simple Cremation Reno 4600 Kietzke Lane, Ste. G-173 Reno NV 89502

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SIGNATURE AUTHENTICATED ILEANA C DEFTU MD

21b. DATE SIGNED (Mo/Day/Yr): January 25, 2018

21c. HOUR OF DEATH: 15:18

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)

22b. DATE SIGNED (Mo/Day/Yr)

22c. HOUR OF DEATH

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): Ileana C Deftu MD 235 West 6th Street Reno, NV 89503

23b. LICENSE NUMBER: 12431

REGISTRAR

24a. REGISTRAR (Signature): BLAIR J HEDRICK SIGNATURE AUTHENTICATED

24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): January 25, 2018

24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Acute On Chronic Respiratory Failure — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(b) Chronic Obstructive Pulmonary Disease — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) Coronary Artery Disease — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(d) Unknown Etiology — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

26. AUTOPSY (Specify Yes or No): No

27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

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

STATE REGISTRAR

GREAT SEAL OF THE STATE OF NEVADA

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/29/2018

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

WASHOE COUNTY HEALTH DISTRICT RENO | WASHOE COUNTY | SPARKS NEVADA

Vital Death 2018020 C