

**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

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

**2023-250736**  
**06/12/2023 02:04 PM**  
Pgs=2



00018614202302507360020026  
KATHERINE J. BOWLING, CLERK RECORDER

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 12<sup>th</sup> day of JUNE, 2023  
Pernecia Johnson (Signature) \_\_\_\_\_ (Signature) \_\_\_\_\_  
(Print or type name here) PERNECIA JOHNSON (Print or type name here) \_\_\_\_\_

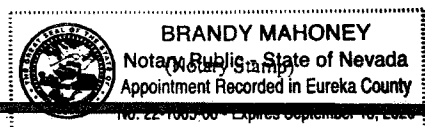
STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) 10.12.23

By (person(s) appearing before notary public) PERNECIA JOHNSON

Brandy Mahoney  
(Notary Public)  
My Commission expires: SEPT 15, 2020



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

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Karon Marie HOLLANDER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 19, 2018</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or apt. No. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient/Specify) <b>Evergreen Residence Residential Care Facility</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>79</b>	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 08, 1938</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Homemaker</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Crescent Valley</b>	
15d. STREET AND NUMBER <b>274 2nd St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever In US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold Edward HOLLANDER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Evelyn Mae MATHEWS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Michelle Icy BELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>6413 Wildrose Dr. Tahoe Vista, California 96148</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RYAN BOWEN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD810</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation Reno</b> <b>4600 Kietzke Lane, Ste. G-173 Reno NV 89502</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>ILEANA C DEFTU MD</b> 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) <b>January 25, 2018</b>		21c. HOUR OF DEATH <b>15:18</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Ileana C Deftu MD 235 West 6th Street Reno, NV 89503</b>			
23b. LICENSE NUMBER <b>12431</b>		24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 25, 2018</b>		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) <b>Acute On Chronic Respiratory Failure</b>				Interval between onset and death	
(b) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death	
(c) <b>Coronary Artery Disease</b>				Interval between onset and death	
(d) <b>Unknown Etiology</b>				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions-contributing to death but not resulting in the underlying cause given in Part I.					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. AUTOPSY (Specify Yes or No) <b>No</b>		26f. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

**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 Registrar and Vital Records.

1/25/2018

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:

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

