

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

ASSESSOR'S PARCEL NO. (APN#): 002-039-28

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

2023-250737
06/12/2023 02:05 PM
Pgs=2



00018615202302507370020023

KATHERINE J. BOWLING, CLERK RECORDER

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

attached certified copy Certificate of Death, is the same person as JAMES RICHARD PIERATT
(Deceased Name as shown on Deed)

named as one of the parties in that certain ORDER TO SET ASIDE ESTATE WITHOUT ADMINISTRATION,
(Type of Document)

dated on the 17th day of JULY, 2015, and executed by
PERNECIA JOHNSON, known as "Grantor(s)" to Paul Myron Pieratt, Jr., Mary E. Jensen and James R. Pieratt
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 2020-240510, on the
28th day of MAY, 2020, in book N/A, 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)

Lot 23, Block 23, Crescent Valley Ranch & Farms Unit No. 1.
574 Fifth Street, Crescent Valley, NV 89821

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 \$ \$8000.00.

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, 2025



BRANDY MAHONEY
Notary Public - State of Nevada
My Commission Expires September 15, 2025

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number
102-2021-025277

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)		3. DATE OF DEATH	
JAMES, RICHARD, PIERATT				04/15/2021	
4. SEX	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE		
MALE		06/02/1959	61 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
LAKESIDE, NAVAJO, 85929					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
RESIDENCE - 1805 W WOODLAND LAKE ROAD					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
BURBANK, CALIFORNIA		MARRIED		SILVIA, REYNA	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
1805 W WOODLAND LAKE ROAD, LAKESIDE, NAVAJO, AZ, 85929					
14. DECEDENT'S HISPANIC ORIGIN(S):		15. DECEDENT'S RACE(S):		16. EVER IN ARMED FORCES	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE		NO	
17. OCCUPATION		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)			
ENGLISH TEACHER		CYNTHIA, ANN, GAGE			
19. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		21. RELATIONSHIP	
PAUL, PIERATT		SILVIA, PIERATT		SPOUSE	
22. INFORMANT'S MAILING ADDRESS					
1805 W WOODLAND LAKE ROAD, LAKESIDE, AZ, 85929					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25. LICENSE NUMBER	
SILVER CREEK MORTUARY - TAYLOR 745 PAPER MILL ROAD, TAYLOR, AZ, 85939		JASON, BRUBAKER		FDL-001203	
26. METHOD(S) OF DISPOSITION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
BURIAL		LAKESIDE CEMETERY, LAKESIDE, AZ, US			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH				30. APPROXIMATE INTERVAL	
METASTATIC ESOPHAGEAL CANCER				1 YEAR	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY?		39. INJURY AT WORK?	
		NO		NATURAL DEATH	
41. TIME OF DEATH		42. WAS AN AUTOPSY PERFORMED?		43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
23:55		NO			
CAUSE AND MANNER CERTIFICATION					
44. NAME OF PERSON COMPLETING CAUSE OF DEATH		45. DATE CERTIFIED			
JEFFREY, MOFFAT		04/19/2021			
46. CERTIFIER'S ADDRESS					
1500 S WHITE MOUNTAIN ROAD #300, SHOW LOW, AZ, 85901					

Date Registered: 04/20/2021

Date Issued: 05/23/2023

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE