

**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 12<sup>th</sup> day of June, 2023

Pernecia Johnson  
(Signature) PERNECIA JOHNSON (Signature)  
(Print or type name here) (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, 2023



**BRANDY MAHONEY**  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No: 22-1005-08 - Expires September 15, 2026

# 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) <b>JAMES, RICHARD, PIERATT</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>04/15/2021</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH <b>06/02/1959</b>	7. AGE <b>61 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>LAKESIDE, NAVAJO, 85929</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>RESIDENCE - 1805 W WOODLAND LAKE ROAD</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>BURBANK, CALIFORNIA</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>SILVIA, REYNA</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>1805 W WOODLAND LAKE ROAD, LAKESIDE, NAVAJO, AZ, 85929</b>					
14. DECEDENT'S HISPANIC ORIGIN(S): <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S): <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>ENGLISH TEACHER</b>					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>PAUL, PIERATT</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>CYNTHIA, ANN, GAGE</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>SILVIA, PIERATT</b>				21. RELATIONSHIP <b>SPOUSE</b>	
22. INFORMANT'S MAILING ADDRESS <b>1805 W WOODLAND LAKE ROAD, LAKESIDE, AZ, 85929</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>SILVER CREEK MORTUARY - TAYLOR 745 PAPER MILL ROAD, TAYLOR, AZ, 85939</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>JASON, BRUBAKER</b>		25. LICENSE NUMBER <b>FDL-001203</b>
26. METHOD(S) OF DISPOSITION <b>BURIAL</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>LAKESIDE CEMETERY, LAKESIDE, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>METASTATIC ESOPHAGEAL CANCER</b>				30. APPROXIMATE INTERVAL <b>1 YEAR</b>	
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	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY? <b>NO</b>	39. INJURY AT WORK?	40. MANNER OF DEATH <b>NATURAL DEATH</b>	
		41. TIME OF DEATH <b>23:55</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>JEFFREY, MOFFAT</b>		45. DATE CERTIFIED <b>04/19/2021</b>	
46. CERTIFIER'S ADDRESS <b>1500 S WHITE MOUNTAIN ROAD #300, SHOW LOW, AZ, 85901</b>					

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



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**