178392

Affidavit-Termination of Joint Tenancy

(Death of a Joint Tenant)

I, Onalee Linda Pierpont, the Affiant, being of legal age, and being first sworn, deposes and says:

That William Pierpont (Deceased Name as shown on Death Certificate), the decedent mentioned in the attached certified Certificate of Death, is the same person as William Pierrepont Pierpont (Deceased Name as shown on Deed), named as one of the parties in that cain Joint Tenancy Deed (Type of Document),

dated on the 11th of September, 19 89, and executed by William J. McCallum and Nina J McCallum, known as "Grantor(s)" to William & Calee L. Pierpont, known as "Grantee(s)", as Joint Tenants, arecorded as Instrument No. 129 819, on the 29th day of Seember, 19 89, in book 203 (Pg 289), of Official Records of Eureka County, Nevada, covering the following described property situated in the City of _____, County of Eureka, State of Nevada.

(Set forth legal description and commonly wn street address, if known)

T 30 N, R 4 E SEC. 27 SW4 SE4 NW4

ASSESSOR'S PARCEL NO. (APN) 005-230-15

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

In Witness Whereof, I/We have hereunto my hand/our hands this 23rd day of July, 2002

[signature] (Signature)

Onalee Linda Pierpont (Print or type name here)

_____ (Signature)

_____ (Print or type name here)

STATE OF NEVADA)
COUNTY OF Eureka)

On this 23rd day of July, 2002 personally appeared before me, a Notaryblic

Gladys Goicochea

Onalee Linda Pierpont

personally known to me to be the personose name(s) is subscribed to the above instrument who acknowled that ___ he ___ executed the instrument.

Gladys Goicochea (Notary Public)

GLADY GOICCHEA (Notary Stamp)
Notary Public - Stat Nevada
Appointment Recorded in ka County
No: 94-0329-8 - Expires tor 28, 2002

RECORDING REQUESTED BY AND MAIL TO

NAME Onalee L Newton
ADDRESS PO Box 583
CITY/ST/ZIP Caliente, Nv. 89008

If applicable mail tax statements to

NAME
ADDRESS Same as above
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DECEASED—NAME First Middle Last: 1. AKA:William PIERREPONT PIERPONT

STATE FILE NUMBER

2. DATE OF DEATH (Month, Day, Year): June 21, 2000

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): Vencor Hospital Of Las Vegas

3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): Inpatient

4. SEX: Male

5. RACE—(e.g., White, Black, American Indian, etc.) (Specify): White

6. Decedent of Hispanic Origin? Specify ☐ yes ☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc.: X

7a. AGE—Last Birthday (Years): 70

7b. UNDER 1 YEAR MOS : DAYS

7c. UNDER 1 DAY HOURS : MINS

8. DATE OF BIRTH (Mo., Day, Yr.): May 30, 1930

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

9a. STATE OF BIRTH (If not U.S.A., name country): Massachusetts

9b. CITIZEN OF WHAT COUNTRY: U.S.A.

10. Decedent's Education. Specify highest grade completed.: 11

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

12. SURVIVING SPOUSE (If wife, give maiden name): Onalee Linda Barton

13. SOCIAL SECURITY NUMBER: 032-20-3556

14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Officer / Retired

14b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

15a. RESIDENCE—STATE: Nevada

15b. COUNTY: incoln

15c. CITY, TOWN, OR LOCATION: Caliente

15d. STREET AND NUMBER: 32 Broken House Lane

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

PARENTS

16. FATHER—NAME First Middle Last: Raymond Pierrepont

17. MOTHER—MAIDEN NAME First Middle Last: Gladys Wood

18a. INFORMANT—NAME (Type or Print): Onalee L. Pierpt - Wife

18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 32 Broken House Lane, Caliente, Nevada 89008

DISPOSITION

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

19b. CEMETERY OR CREMATORY—NAME: Palm Crematory

19c. LOCATION City or Town State: Las Vegas, Nevada

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such):

20b. FUNERAL DIRECTOR LICENSE NUMBER: 61

20c. NAME AND ADDRESS OF FACILITY: Affordable Cremation And Burial 2457 N. Decatur Blvd, Las Vegas, Nevada 89108

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 and Title): MD

21b. DATE SIGNED (Mo., Day, Yr.): 6/30/0

21c. HOUR OF DEATH: 11:45 PM

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) and manner stated.

(Signature and Title):

22b. DATE SIGNED (Mo., Day, Yr.):

22c. HOUR OF DEATH:

22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:

22e. PRONOUNCED DEAD (Hour) AT:

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Karyn Rae Lily MD 801 S. Rancho Las Vegas Nevada 89106

23b. LICENSE NUMBER: 9316

REGISTRAR

24a. (Signature):

24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUN 27 2000

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 ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) CARDIOPULMONARY FAILURE — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(b) CHRON OBSTRUCTIVE PULMONARY DISEASE — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) — 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): No

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):

28b. DATE OF INJURY (Mo., Day, Yr.):

28c. HOUR OF INJURY M

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:

No.162163

STATE REGISTRAR

"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 Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By:

Date Issued: JUN 28 2000

No. 116855

FILED AND RECORDED AT REQUEST OF FIRST AMERICAN TITLE
AUGUST 24, 2001
AT 47 MINUTES PAST 4 O'CLOCK P M IN BOOK 157 OF OFFICIAL RECORDS PAGE 507 LINCOLN COUNTY
Leslie Bowcher
BOOK 15 TO/FROM RECORDER

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573

BOOK 348 PAGE 34

BOOK 348 PAGE 347
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Onalee L. Newton
02 JUL 23 AM 10: 57

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES $16.00

178392