

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 245 Page- 0044



APN: 01120027

File No.: 08-08-0511-JRG
Mail Tax Statements to:
When recorded mail to:
Lela F. Christian
1007 Santa Ynez Avenue
Henderson, NV 89002

State of NEVADA }
County of Clark } ss:

AFFIDAVIT TERMINATING JOINT TENANCY

,of legal age, and being first duly sworn, deposes and says:

THAT: Russell E. Christian, the decedent mentioned in the attached certified copy of Certificate of Death, is one-in-the-same person as the Russell E. Christian, named as one of the parties in that certain "Grant, Bargain, Sale Deed" dated September 20, 1976, executed by Alton C. Bingham and Marsha Bingham, husband and wife. Carlos Taylor and Ardeth Taylor, husband and wife, to Russell E. Christian and Lela F. Christian, husband and wife as joint tenants, recorded November 29, 1976 in Book 18~~7~~⁴/~~Document No. 628~~, of Official Records of Lincoln County, Nevada, covering the following described real property situated in the County of Lincoln, State of Nevada:

See Exhibit "A" attached hereto and made a part hereof by this reference

DATED this day of , 20.

*page 628 as Document No. 58767

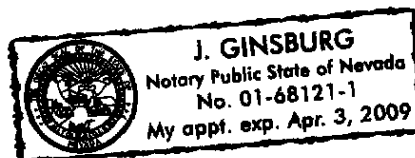
DECLARANT

Lela F. Christian
Lela F. Christian

State of NEVADA }
County of Clark } ss:

This instrument was acknowledged before me on 17 day of September 2008
by Lela F. Christian

[Signature]
NOTARY PUBLIC
My commission expires: 4/3/09



**PARCEL 2**

That portion of the Northwest Quarter (NW ¼) of Section 32, Township 6 South, Range 61 East, M.D.B.&M., Lincoln County, Nevada, being more particularly described as follows:

COMMENCING at the Southeast Corner of the Northwest Quarter (NW ¼) of said Section 32; thence North 83°41'25" West along the South Line of the Northwest Quarter of said Section 32 a distance of 599.29 feet to a point being the most Southerly Southeast Corner of that certain Parcel of land as conveyed to ALICE FORSYTH, by Deed of Gift dated October 15, 1969 in Book "N-1" Real Estate Deeds, Page 479 Lincoln County, Nevada Records; thence North 01°18'35" East along the most Westerly East Line of said Forsyth Parcel a distance of 750.00 feet to a point in the most Northerly South Line of said Forsyth Parcel, said point being the TRUE POINT OF BEGINNING; thence South 88°41'25" East along said line a distance of 290.32 feet to a point; thence North 69°48'05" West a distance of 306.83 feet to a point; thence South 01°18'35" West a distance of 100.00 feet to the TRUE POINT OF BEGINNING.

ASSESSOR'S PARCEL NUMBER FOR 2008-2009: 11-200-27

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2008005180

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) Russell Elza Lee CHRISTIAN			2. DATE OF DEATH (Mo/Day/Year) March 28, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) St Rose Dominican Hospital De Lima Campus		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 81	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) April 13, 1926
9a. STATE OF BIRTH (if not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Lela NICKELL
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Crane Operator		14b. KIND OF BUSINESS OR INDUSTRY Construction		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Henderson		15d. STREET AND NUMBER 1007 Santa Ynez Avenue	
16. FATHER - NAME (First Middle Last Suffix) Russell Rufus Knight CHRISTIAN			17. MOTHER - NAME (First Middle Last Suffix) Susie BROWN			
18a. INFORMANT- NAME (Type or Print) Lela CHRISTIAN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1007 Santa Ynez Avenue Henderson, Nevada 89002			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunrise Crematory		19c. LOCATION City or Town State Henderson Nevada 89015		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAVID WALTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 70	20c. NAME AND ADDRESS OF FACILITY Sunrise Cremation Society 745 W Sunset Rd #5 Henderson NV 89015			
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) JEFF BRACEY DO 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) April 02, 2008		21c. HOUR OF DEATH 09:48		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) JEFF BRACEY DO 102 E Lake Mead Pkwy Henderson, NV 89052					23b. LICENSE NUMBER 646	
24a. REGISTRAR (Signature) KATHIE FRANKLIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2008		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					Interval between onset and death	
(a) Cardiopulmonary arrest					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b)					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c)					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)					Interval between onset and death	
PART II					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

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

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By *LR*

Date Issued: APR 07 2008