

APN: 009-011-33

RECORDING REQUESTED BY:  
Cow County Title Co.  
NLS 8286-Lin  
WHEN RECORDED MAIL TO:  
John W. Christian  
PO Box 300  
Pioche NV 89043

LINCOLN COUNTY, NV

2023-166325

\$37.00

Rec:\$37.00

12/05/2023 04:14 PM

COW COUNTY TITLE CO.

Pgs=4 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

---

**AFFIDAVIT DEATH OF JOINT TENANT**

I, the undersigned, hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525  
(Law).

Cynthia L Flavion-Arnhart  
Signature *Cynthia L Flavion-Arnhart*

Title Agent  
Title

## AFFIDAVIT DEATH OF JOINT TENANT

**JOHN W. CHRISTIAN**, of legal age, being first duly sworn, deposes and says: That

**RUTH CHRISTIAN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruth Christian, named as one of those parties in that certain Joint Tenancy Deed dated September 23, 1970, executed by Ruth Christian, a widow to Ruth Christian, a widow, and her sons, Anthony Lloyd Christian, Walter Magnus Christian, who acquired title as Walter Mangus Christian and Charles Zera Christian, as joint tenants, recorded September 23, 1970 in Book O-1 of Real Estate Deeds, page 90 as File No. 49546; and that certain conveyance dated November 10, 1975, executed by Edwin Christian, an unmarried man to Ruth Christian, a widow, and her sons, Anthony Christian, Walter Christian and Charles Christian, in joint tenancy, recorded November 10, 1976 in Book 15 of Official Records, page 565 as File No. 57385, Lincoln County, Nevada records, covering the real property situate in the County of Lincoln, State of Nevada, described as follows:

That portion of Sections 14, 15, 22 and 23, Township 1 North, Range 66 East, M.D.B. & M., more particularly described as follows:

### PARCEL 1:


The **HIGHLAND QUEEN, LUCKY JIM, HIGHLAND MARY FRACTION and PINTO FRACTION** lode mining claims designated by the Surveyor General as Survey No. **4434**, embracing a portion of Sections 14, 15, 22 and 23, in Township 1 North of Range 66 East of the Mount Diablo Meridian, in the Highland Mining District, Lincoln County, Nevada, and bounded and described in that certain Patent recorded April 5, 1923 in Book B-1 of Mining Deeds, page 318 as File No. 1865, Lincoln County, Nevada records, expressly excepting and excluding from these presents all that portion of the ground hereinbefore described embraced in said mining claim or Survey No. 3232; and also all veins, lodes, and ledges throughout their entire depth, the tops or apexes of which lie inside of such excluded ground.

### PARCEL 2:

The **HIGHLAND MARY** lode mining claim designated by the Surveyor General as Survey No. **3232**, embracing a portion of Sections 14, 15 and 22, in Township 1 North of Range 66 East of the Mount Diablo Meridian, in the Highland Mining District, Lincoln County, Nevada, and bounded and described in that certain Patent recorded June 21, 1909 in Book A-1 of Mining Deeds, page 113 as File No. 19156, Lincoln County, Nevada records.


ASSESSOR'S PARCEL NUMBER FOR 2023 - 2024: 009-011-33

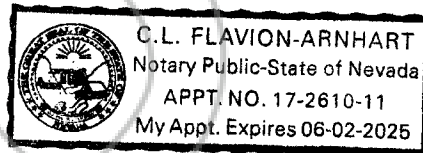
DATE: November 29, 2023

  
\_\_\_\_\_  
JOHN W. CHRISTIAN

STATE OF Nevada  
COUNTY OF Lincoln

This instrument was acknowledged before me on December 1, 2023 by John W. Christian

  
\_\_\_\_\_  
Notary Public



# STATE OF ALASKA

AMENDED 10/03/2000

## CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
BUREAU OF VITAL STATISTICS—P.O. BOX 110675  
JUNEAU, ALASKA 99811-0675

150 00001801  
STATE FILE NUMBER

DATE RECEIVED  
SEP 25 2000

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

BIRTH CERTIFICATE NUMBER		RECORDER'S NO.							
1. DECEDENT'S NAME (First, Middle, Last) Ruth Christian		14. MAIDEN NAME Pulsipher	2. SEX Fe.	3. DATE OF DEATH (Month, Day, Year) September 7, 2000					
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years) 89	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) Nov. 26, 1910	7. BIRTHPLACE (State or Foreign Country) <del>Vermont</del> Utah			
8. STATE OF DEATH ALASKA		9a. PLACE OF DEATH (Check only one; see Instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) Providence Extended Care Center		9c. CITY, TOWN, OR LOCATION OF DEATH Anchorage							
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11. SURVIVING SPOUSE (If wife, give maiden name)							
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
14a. RESIDENCE—STATE Alaska		14b. CITY, TOWN OR LOCATION Anchorage		14c. STREET AND NUMBER 4900 Eagle Street					
14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14e. ZIP CODE 99503		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:		16. RACE—Filipino, Black, Native, White, etc. Specify: White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 8	
18. FATHER'S NAME (First, Middle, Last) Charles Zera Pulsipher		19. MOTHER'S NAME (First, Middle, Maiden Surname) Kate Bowler							
20a. INFORMANT'S NAME (Type/Print) Charles Christian		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2001 Steeple Dr. Anchorage, Alaska 99516		20c. RELATIONSHIP TO DECEDENT Son					
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Pulsipher Family Cemetery		21c. LOCATION—City or town, State Gunlock, Utah					
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Trig Fredrickson		22b. NAME AND ADDRESS OF FACILITY Evergreen Memorial Chapel P.O. Box 100537 Anchorage, Alaska 99510		23a. DATE SIGNED (Month, Day, Year)					
24. TIME OF DEATH 1400 M		25. DATE PRONOUNCED DEAD (Month, Day, Year) September 7, 2000		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Atrial fibrillation DUE TO (OR AS A CONSEQUENCE OF): b. Renal insufficiency DUE TO (OR AS A CONSEQUENCE OF): c. Diabetes mellitus II DUE TO (OR AS A CONSEQUENCE OF): d. Hypertension PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. hypothyroid, multi-infarct dementia		Approximate Interval Between Onset & Death 2 years 2 years 75 years 75 years		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER/CORONER 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 as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER WHO COMPLETED CAUSE OF DEATH Joey Banks MD 29c. DATE SIGNED (Month, Day, Year) 9/15/00		29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/print name of certifier) Joey Banks, MD 3546 LaTouche, Anchorage, AK. 99508		29e. LICENSE NUMBER			
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a - 31f MUST BE COMPLETED. 31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY 31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31d. DESCRIBE HOW INJURY OCCURRED? (Events which resulted in injury) 31e. PLACE OF INJURY—At home, street, cannery, office, etc. (Specify) 31f. LOCATION (Street and Number of Rural Route Number, City or Town, State)							
32. RECORDER'S SIGNATURE		33. RECORDING DISTRICT		34. DATE FILED (Month, Day, Year)					

1170000  
Form VS-101  
REV. 1-92

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED OCT 03 2000

STATE REGISTRAR

