

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

2023-166326

\$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

ANTHONY LLOYD CHRISTIAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Anthony Lloyd Christian, also known as Anthony 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; and that certain Joint Tenancy Deed dated July 24, 1990, executed by Edwin A. Christian, a single man to Anthony Lloyd Christian, Walter Magnus Christian and Charles Zera Christian, as joint tenants, recorded August 3, 1990 in book 91 of Official Records, page 578 as File No. 094694, 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:

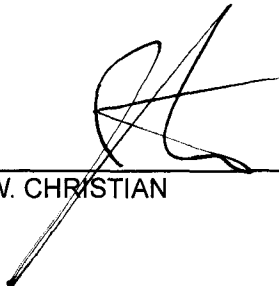
The **HIGHLAND QUEEN, LUCKY JIM, HIGHLAND MARY FRACTION and PINTO FRACTION** lode mining claims designated by the Surveyor General as Survey No. **4434**, embracing a portion of Sections 14, 15, 22 and 23, in Township 1 North of Range 66 East of the Mount Diablo Meridian, in the Highland Mining District, 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



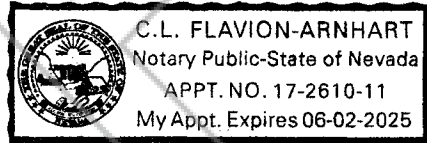
JOHN W. CHRISTIAN

STATE OF Nevada
COUNTY OF Lincoln

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



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4025327

CERTIFICATE OF DEATH

2018011830
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) Anthony Lloyd CHRISTIAN		2. DATE OF DEATH (Mo/Day/Year) June 18, 2018		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) 10502 Riley Cove Ln		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1938		9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Myong Cha KIM	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Defense	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 10502 Riley Cove Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Lloyd CHRISTIAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth PULSIPHER		
18a. INFORMANT - NAME (Type or Print) Myong Cha CHRISTIAN		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 10502 Riley Cove Ln Las Vegas, Nevada 89135			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MATTHEW B PHILLIPS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD890		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Southwest 7979 W Warm Springs Rd Las Vegas NV 89113	
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) GIRISH DAULAT 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) June 20, 2018		21c. HOUR OF DEATH 06:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23b. LICENSE NUMBER DO552	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Girish Daulat DO 4141 Swenson Street Las Vegas, NV 89119				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 2018		24d. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Small Cell Lung Cancer With Metastasis To Bone DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death Months	
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) 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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

Cody Thirney

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

7/26/2023

DATE ISSUED:

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

