

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

2023-166327

\$37.00

Rec:\$37.00

12/05/2023 04:14 PM

COW COUNTY TITLE CO.

Pgs=4 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

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**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 Flavin-Arnhart*

Signature *Cynthia L Flavin-Arnhart*

*Title Agent*

Title

## AFFIDAVIT DEATH OF JOINT TENANT

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

**WALTER MAGNUS CHRISTIAN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Walter Magnus Christian, also known as Walter 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:**

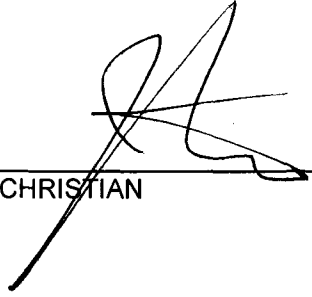
The **HIGHLAND QUEEN, LUCKY JIM, HIGHLAND MARY FRACTION and PINTO FRACTION** lode mining claims designated by the Surveyor General as Survey No. **4434**, embracing a portion of Sections 14, 15, 22 and 23, in Township 1 North of Range 66 East of the Mount Diablo Meridian, in the Highland Mining District,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

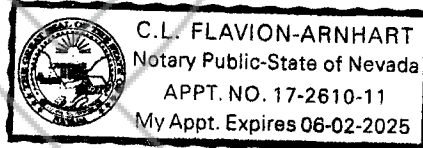
DATE: November 29, 2023

  
\_\_\_\_\_  
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 CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH

3052021082169

### CERTIFICATE OF DEATH

3202133005579

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITOUTS OR ALTERATIONS VS-14 (REV 3/08)					
1. NAME OF DECEDENT - FIRST (Given) <b>WALTER</b>		2. MIDDLE <b>MAGNUS</b>		3. LAST (Family) <b>CHRISTIAN</b>	
AKA. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH m/m/dd/coyy <b>07/27/1939</b>		5. AGE Yrs. <b>81</b>	
6. BIRTH STATE/FOREIGN COUNTRY <b>UT</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>UT</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		7. DATE OF DEATH m/m/dd/coyy <b>03/12/2021</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. <b>MANAGER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>SOIL TESTING</b>		19. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>30400 GUADALUPE COURT</b>					
21. CITY <b>TEMECULA</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92591</b>	
24. YEARS IN COUNTY <b>45</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>3842 S. WALKER AVE., ONTARIO, CA 91761</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>JOREI SCHNAIBLE, DAUGHTER</b>					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>PENNIE</b>		29. MIDDLE <b>WRAE</b>		30. LAST (BIRTH NAME) <b>KINDLE</b>	
31. NAME OF FATHER/PARENT - FIRST <b>WILLIAM</b>		32. MIDDLE <b>LLOYD</b>		33. LAST <b>CHRISTIAN</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>RUTH</b>		36. MIDDLE		37. LAST (BIRTH NAME) <b>PULSIPHER</b>	
38. DISPOSITION DATE m/m/dd/coyy <b>03/24/2021</b>		40. PLACE OF FINAL DISPOSITION <b>RES. PENNIE CHRISTIAN 30400 GUADALUPE COURT, TEMECULA, CA 92591</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>MURRIETA VALLEY FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD1853</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>	
47. DATE m/m/dd/coyy <b>03/22/2021</b>		53			
101. PLACE OF DEATH <b>TEMECULA VALLEY HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OC <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>31700 TEMECULA VALLEY PARKWAY</b>		108. CITY <b>TEMECULA</b>	
107. CAUSE OF DEATH Enter the chain of events --- disease, injury, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) SEPTIC SHOCK</b> <b>(B) PNEUMONIA</b> <b>(C) CROHN'S DISEASE</b>		109. DEATH REPORTED TO CORONER? Enter and Date <b>HRS</b>		110. DEATH REPORTED TO CORONER? PARTIAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NON TRAUMATIC KIDNEY INJURY, TACKY BRADY SYNDROME</b>					
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and site) <b>NO</b>					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <b>03/12/2021</b> Decedent Last Seen Alive <b>03/12/2021</b>			
115. SIGNATURE AND TITLE OF CERTIFIER <b>LEARNED ROBLEDO GONZALES M.D.</b>		116. LICENSE NUMBER <b>A76930</b>		117. DATE m/m/dd/coyy <b>03/20/2021</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>LEARNED ROBLEDO GONZALES M.D. 31700 TEMECULA PARKWAY, TEMECULA, CA 92592</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE m/m/dd/coyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE m/m/dd/coyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR					
A		B		C	
D		E		F	
FAX AUTH.#		CENSUS TRACT		1010001004895994	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Dana E Moore*

AUG 22 2023

DANA E. MOORE, MPH, CPH  
STATE REGISTRAR OF VITAL RECORDS

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

CA CDPH -- 01



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