

AFFIDAVIT TO SEVER JOINT TENANCY

STATE OF UTAH)
 : ss.
COUNTY OF Salt Lake)

I, Jean L. Card, being first duly sworn, depose and say that:

1. I am the Jean L. Card that appears as a grantee with my husband, Eldon J. Card, on a Quit Claim Deed, dated August 4, 1980, and filed on September 2, 1980, in the records of the Recorder for Eureka County, State of Nevada, as joint tenants with full rights of survivorship, and not as tenants in common:

Certain lode mining claims located in the Eureka Mining District, Eureka County, State of Nevada, described as Silverado #95 and #96 Lode Mining Claims, Section 32, Township 19 North, Range 53 East, Eureka Mining District, Eureka County, State of Nevada, according to claim map thereof on file in the office of the County Recorder of Eureka County, Nevada, as document No. 64524.

2. My husband, Eldon J. Card, died on September 17, 1984, and I hereby certify that he is the deceased listed on the Certificate of Death, attached hereto as Exhibit A.

Dated this 19 day of August, 1986.

Jean L. Card
Jean L. Card

Before me, the undersigned, a Notary Public, within and for said County and State, on this 19 day of August, 1986, personally appeared Jean L. Card, to me personally known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the use and purpose therein set forth.

In Witness Whereof, I have hereunto set my hand and official seal the day and year last above written.



Paul A. Lealhui
Notary Public

My Commission Expires:

7/11/88

Residing at:

Bauniful, CA

AS4/KHCD

STATE OF UTAH

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

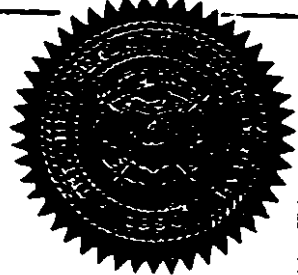
STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 25-829 STATE FILE NUMBER 145 84 1984

NAME OF DECEDENT FIRST MIDDLE LAST Eldon Joseph Card		SEX Male	RACE (White, Black, Am. Indian, etc.) Specify White	DATE OF DEATH (Month, Day, Year) September 17, 1984
WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Indicate type: Mexican, Puerto Rican, Cuban, Other)		DATE OF BIRTH (Month, Day, Year) October 23, 1915	AGE (Last birthday) 68 yrs	IF UNDER 24 HOURS MONTHS Days Hours Minutes
BIRTHPLACE (State or foreign country) Canada	CITIZEN OF what country USA	EDUCATION (Specify only highest grade completed) 16	SOCIAL SECURITY NUMBER	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Manager	RANGE OF BUSINESS OR INDUSTRY Mining Developments Real Estate, Insurance	NAME OF surviving spouse (if wife, enter maiden name) Jean Low		
NAME OF FATHER Joseph Young Card	MAIDEN NAME OF MOTHER Pearl Eliza Christensen	Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
USUAL RESIDENCE (Street address) 869 East 2680 North	CITY OR TOWN Provo	COUNTY Utah	STATE AND ZIP CODE Utah 84604	NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Jean L. Card (Wife) 869 East 2680 North Provo, Utah 84604
NAME OF HOSPITAL, nursing home or other institution where death occurred Utah Valley Regional Medical Center		CITY OR TOWN Provo	COUNTY Utah	
MEDICAL EXAMINER - Forcibly certify that to the best of my knowledge the death occurred at the hour, date and place stated above. If the cause stated herein is not the cause of death, state the cause and date of death.		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>[Signature]</i>		TIME OF SIGNATURE 9/18/84
CERTIFIER 1 - I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above. If the cause stated herein is not the cause of death, state the cause and date of death.		CERTIFIER 2 - I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above. If the cause stated herein is not the cause of death, state the cause and date of death.		DATE SIGNED (Month, Day, Year) 9/18/84
SIGNATURE OF Funeral Director <i>[Signature]</i>		FUNERAL HOME - Name, address and telephone number Berg - 185 E. Center Provo, Utah		UTAH PHYSICIAN LICENSE NUMBER 3127
NAME AND LOCATION OF CEMETERY OR CREMATORY Provo City Cemetery, Provo, Utah		LOCAL HEALTH DEPARTMENT <i>[Signature]</i>		DATE ACCEPTED FOR REGISTRATION BY SEP 19 1984
PART I - DEATH WAS CAUSED BY IMMEDIATE CAUSE Respiration - Cardiac Arrest		CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. b) <i>[Signature]</i> - Toxicity from transfusion c) Red Cell Anemia		INTERNAL DATE OF DEATH AND DEATH 34 mi 2:30 pm 5:00 pm
PART II - OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <i>[Signature]</i>		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES, was it considered in determining cause of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION OF INJURY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN		DATE OF INJURY (Month, Day, Year)	TIME OF INJURY (24 HOUR CLOCK)	INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DESCRIBE HOW INJURY OCCURRED (chronological sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 18)		PLACEMENT OF INJURY (Specify home, farm, factory, highway, street, office buildings, etc.)	Were laboratory tests done for drugs or toxic substances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

This certificate is valid only if filed in the office of the Registrar of Vital Statistics. This certified copy is issued under authority of section 26-2-2 of the Utah Code, Annotated, 1953, as Amended.

Date Issued: JUL 21 1986
John E. Brackett
John E. Brackett
DIRECTOR OF VITAL STATISTICS



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES

RECORDED AT REQUEST OF
Halme Roberts & Owsens
BOOK 145 PAGE 310

86 SEP 2 P 2: 45

OFFICIAL RECORDS
EUREKA COUNTY, CALIFORNIA
H.N. REBALLATI, RECORDER
FILE NO. 104615
FEES 7.00