

APN :005-520-13

RECORDING REQUESTED BY and  
When Recorded Mail to:

Mr. Gerald P. Gruss  
1830 Crestmont Court  
Glendale, CA 91208

MAIL TAX STATEMENTS TO ABOVE  
ADDRESS

SPACE ABOVE FOR RECORDER'S USE

BOOK 381 PAGE 126-127  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Montezuma Mines*  
2004 MAY 14 PM 1:26

EUREKA COUNTY, NEVADA  
M.N. REBATE AT RECORDER  
FILE NO. 187598  
FEES \$5.00

### AFFIDAVIT-- DEATH OF TRUSTEE

STATE OF CALIFORNIA )  
COUNTY OF Los ANGELES )ss

Gerald P. Gruss , of legal age, being first duly sworn, deposes and says:

That **Betty Jean Gruss**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as a party of that GRANT DEED, dated **September 12, 2002**, executed by **Betty Jean Gruss** to **Betty Jean Gruss as Trustee of THE BETTY JEAN GRUSS REVOCABLE TRUST** dated **September 12, 2002**, recorded as Instrument No. **178788** on **September 18, 2002**, in Book **350**, Page **205**, of Official Records of Eureka County, Nevada, covering the following described property situated in the , County of Eureka, State of Nevada, described as follows:

**The Northwest quarter of the Northeast quarter of Section 19, Township 29 North, Range 49 East, M.D.B.M., as per Government Survey.**

SUBJECT TO: COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, EASEMENTS, RIGHTS and or RIGHTS OF WAY OF RECORD.

RESERVING THEREFROM an easement of 30 feet along all boundaries for ingress and egress, with the power to dedicate.

At the time of the demise of the Decedent, the Decedent was the record owner as a Trustee of the real property commonly known as undeveloped land APN: 005-520-13.

I, Gerald P. Gruss, am the Successor Trustee under the above referenced Trust which was in effect at the time of the death of the Decedent, which has not been revoked.

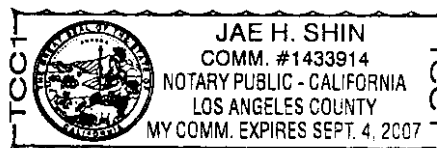
That this Affidavit is made for the protection and benefit of the surviving spouse, his/her successors, assigns and personal representatives and all other parties hereafter dealing with or who may acquire an interest in the above described property, in reliance upon, among other things, the assurances contained in this Affidavit.

Dated: 5/11/04

Gerald P. Gruss, TTE  
Gerald P. Gruss, Successor Trustee

SUBSCRIBED AND SWORN TO before me  
this 11 day of MAY, 2004.

[Signature]  
Signature of Notary



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LONG BEACH, CALIFORNIA

## CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
Betty		Gruss	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	
		02/14/1924	
9. BIRTH STATE/FOREIGN COUNTRY		5. AGE Yrs.	
MI		79	
10. SOCIAL SECURITY NUMBER		6. SEX	
		Female	
11. EVER IN U.S. ARMED FORCES?		7. DATE OF DEATH mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10/16/2003	
12. MARITAL STATUS (at Time of Death)		8. HOUR (24 Hours)	
Widowed		1855	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		18. DECEDENT'S RACE — (Up to 3 races may be listed (see worksheet on back))	
Associate		White	
14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back)		19. YEARS IN OCCUPATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Nurse		Health Care	
20. DECEDENT'S RESIDENCE (Street and number or location)			
4835 E Anaheim Street #106			
21. CITY		22. COUNTY/PROVINCE	
Long Beach		Los Angeles	
23. ZIP CODE		24. YEARS IN COUNTY	
90804		60	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		Gerald Gruss - Son	
27. INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
1830 Crestmont Court Glendale CA 91208			
29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER — FIRST		32. MIDDLE	
Cloyd		Charles	
33. LAST		34. BIRTH STATE	
Hahn		PA	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
Vera		Grace	
37. LAST (Maiden)		38. BIRTH STATE	
Palmer		PA	
39. DISPOSITION DATE mm/dd/yyyy			
10/24/2003			
40. PLACE OF FINAL DISPOSITION			
Grandview Memorial Park 1314 Via Glenwood Road Glendale CA 91208			
41. TYPE OF DISPOSITION(S)			
Cr/Burial			
42. SIGNATURE OF EMBALMER			
Not Embalmed			
43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT			
McKenzie Mortuary			
45. LICENSE NUMBER			
FD-1539			
46. SIGNATURE OF LOCAL REGISTRAR			
[Signature]			
47. DATE mm/dd/yyyy			
10/20/2003			
101. PLACE OF DEATH			
Residence			
102. IF HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. COUNTY			
Los Angeles			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
4835 E Anaheim Street #106			
106. CITY			
Long Beach			
107. CAUSE OF DEATH			
Enter the chain of events — diseases, injuries, 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.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
Non Small Cell Lung Cancer			
108. DEATH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
109. BIOPSY PERFORMED?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
110. AUTOPSY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
None			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
No			
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			
Decedent Last Seen Alive			
115. SIGNATURE AND TITLE OF CERTIFIER			
[Signature]			
116. LICENSE NUMBER			
G062021			
117. DATE mm/dd/yyyy			
10/17/2003			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
Jonathan Blitzer, MD			
2653 Elm Avenue #300 Long Beach CA 90806			
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. PLACED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy			
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 mm/dd/yyyy			
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER			
STATE REGISTRAR			
A B C D E			

CERTIFIED COPY OF VITAL RECORDS

\*000219107\*

STATE OF CALIFORNIA  
CITY OF LONG BEACH

SS

DATE ISSUED OCT 20 2003

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Darryl M. Sexton, M.D.  
CITY HEALTH OFFICER  
REGISTRAR OF VITAL RECORDS

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

187598  
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