

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. REBAL. AT. RECORDER  
FILE NO.  
**187598**  
FEES \$15.00

**AFFIDAVIT-- DEATH OF TRUSTEE**

STATE OF CALIFORNIA )  
  )ss  
COUNTY OF Los ANGELES )

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Trustee under the above referenced Trust which was in effect at the time of the death of the Decedent, which has not been revoked.

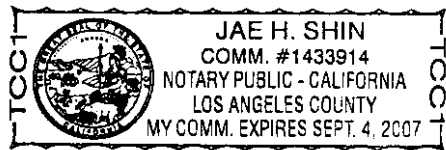
That this Affidavit is made for the protection and benefit of the surviving spouse, his/her successors, assigns and personal representatives and all other parties hereafter dealing with or who may acquire an interest in the above described property, in reliance upon, among other things, the assurances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

Jae H. Shin  
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) <b>Betty</b>		2. MIDDLE <b>Jean</b>	
3. LAST (Family) <b>Gruss</b>		4. DATE OF BIRTH mm/dd/yyyy <b>02/14/1924</b>	
5. AGE Yrs. <b>79</b>		6. SEX <b>Female</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>MI</b>		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>Widowed</b>	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) <b>Associate</b>		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED <b>Nurse</b>		18. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) <b>White</b>	
19. YEARS IN OCCUPATION <b>12</b>		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Health Care</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>4835 E Anaheim Street #106</b>			
21. CITY <b>Long Beach</b>		22. COUNTY/PROVINCE <b>Los Angeles</b>	
23. ZIP CODE <b>90804</b>		24. YEARS IN COUNTY <b>60</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>Gerald Gruss - Son</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state, ZIP) <b>1830 Crestmont Court Glendale CA 91208</b>		28. NAME OF SURVIVING SPOUSE -- FIRST <b>-</b>	
29. MIDDLE <b>-</b>		30. LAST (Maiden Name) <b>-</b>	
31. NAME OF FATHER -- FIRST <b>Cloyd</b>		32. MIDDLE <b>Charles</b>	
33. NAME OF MOTHER -- FIRST <b>Vera</b>		34. BIRTH STATE <b>PA</b>	
35. MIDDLE <b>Grace</b>		36. BIRTH STATE <b>PA</b>	
37. LAST (Maiden) <b>Palmer</b>		38. BIRTH STATE <b>PA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>10/24/2003</b>		40. PLACE OF FINAL DISPOSITION <b>Grandview Memorial Park 1314 Via Glenwood Road Glendale CA 91208</b>	
41. TYPE OF DISPOSITION(S) <b>Cr/Burial</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>McKenzie Mortuary</b>	
45. LICENSE NUMBER <b>FD-1539</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE mm/dd/yyyy <b>10/20/2003</b>		101. PLACE OF DEATH <b>Residence</b>	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>Los Angeles</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>4835 E Anaheim Street #106</b>	
106. CITY <b>Long Beach</b>		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. <b>Non Small Cell Lung Cancer</b>	
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 checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>None</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>No</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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>06/01/2003</b> Decedent Last Seen Alive: <b>10/16/2003</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>Jonathan Blitzer, MD 2653 Elm Avenue #300 Long Beach CA 90806</b>		117. LICENSE NUMBER <b>G062021</b>	
118. DATE mm/dd/yyyy <b>10/17/2003</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
120. 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		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		129. SIGNATURE	

STATE REGISTRAR A B C D E

CERTIFIED COPY OF VITAL RECORDS \*000219107\*

STATE OF CALIFORNIA } 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.

*[Signature]*  
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.

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