

RECORDING REQUESTED BY:

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Montezuma Mines Inc.
559 W. Silver St., #301
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BOOK 389 PAGE 268-269
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Montezuma Mines
2004 AUG -5 PM 1:16

-EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **190760**
FEES 15⁰⁰

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

APN: 005-520-19

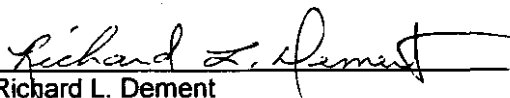
COUNTY OF ORANGE

Richard L. Dement, being of legal age, and first duly sworn, deposes and says:

1. That the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated July 29, 1996 and known as the Grace E. Dement Family Trust.
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property legally known as the NE $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 19, Township 29 North, Range 49 East, MDB&M, Eureka County, Nevada, which property is described in the deed which was signed by Grace E. Dement as Grantor and recorded as Instrument No. 165352 at Page 22 in Book 304 of Official Records.
3. I, Richard L. Dement, am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

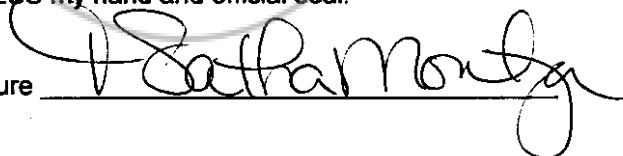
Executed on July 15, 2004.

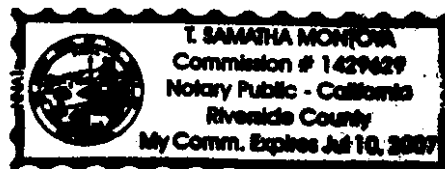

Richard L. Dement

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary in and for the State of California, this 15 day of July, 2004.

WITNESS my hand and official seal.

Signature





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

CERTIFICATE OF DEATH

3 199830 006582

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) GRACE		2. MIDDLE ELIZABETH		3. LAST (FAMILY) DEMENT	
4. DATE OF BIRTH M/M/DD/C/CYY 08/10/1921		5. AGE YRS. 76		6. SEX FEMALE	
7. DATE OF DEATH M/M/DD/C/CYY 05/13/1998		8. HOUR 0019		9. STATE OF BIRTH CA	
10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS WIDOWED	
13. EDUCATION—YEARS COMPLETED 13		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER GILLETTE, INC.		17. OCCUPATION QUALITY ASSURANCE INSPECTOR		18. KIND OF BUSINESS PAPERMADE PEN MFG.	
19. YEARS IN OCCUPATION 30		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2601 PARK LAKE		21. CITY SANTA ANA	
22. COUNTY ORANGE		23. ZIP CODE 92705		24. YRS IN COUNTY 14	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP RICHARD DEMENT-SON		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 4723 E. HASTINGS, ORANGE, CA 92867	
28. NAME OF SURVIVING SPOUSE—FIRST TIMOTHY		29. MIDDLE JAMES		30. LAST (MAIDEN NAME) SOMES	
31. NAME OF FATHER—FIRST TIMOTHY		32. MIDDLE JAMES		33. LAST SOMES	
34. BIRTH STATE CN		35. NAME OF MOTHER—FIRST GRACE		36. MIDDLE ELIZABETH	
37. LAST (MAIDEN) SOMES		38. BIRTH STATE CN		39. DATE M/M/DD/C/CYY 05/18/1998	
40. PLACE OF FINAL DISPOSITION FAIRHAVEN MEMORIAL PARK-1702 FAIRHAVEN AVE., SANTA ANA, CA 92705		41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER [Signature]	
43. LICENSE NO. 7898		44. NAME OF FUNERAL DIRECTOR FAIRHAVEN MORTUARY		45. LICENSE NO. FD1313	
46. SIGNATURE OF LOCAL REGISTRAR [Signature]		47. DATE M/M/DD/C/CYY 05/18/1998		48. SIGNATURE OF LOCAL REGISTRAR [Signature]	
101. PLACE OF DEATH ST. JOSEPH HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> EWOP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY ORANGE		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1100 STEWART DRIVE		106. CITY ORANGE	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIORESPIRATORY FAILURE DUE TO (B) CORONARY INSUFFICIENCY DUE TO (C) ADVANCED CORONARY ARTERIOSCLEROSIS DUE TO (D)		TIME INTERVAL BETWEEN ONSET AND DEATH MINUTES MINUTES YEARS		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 98-03287-SM	
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 MYOCARDIAL FIBROSIS		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 [REDACTED] DECEDENT LAST SEEN ALIVE [REDACTED]	
115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NO. [REDACTED]		117. DATE M/M/DD/C/CYY [REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP [REDACTED]		119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE M/M/DD/C/CYY [REDACTED]		122. HOUR [REDACTED]		123. PLACE OF INJURY [REDACTED]	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [REDACTED]		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) [REDACTED]		126. SIGNATURE OF CORONER OR DEPUTY CORONER Cullen W. Ellingburgh	
127. DATE M/M/DD/C/CYY 05/14/1998		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER DEPUTY CORONER CULLEN W. ELLINGBURGH FOR SHERIFF-CORONER BRAD GATES		129. FAX AUTH. # 0907	
130. CENSUS TRACT [REDACTED]		131. STATE REGISTRAR [REDACTED]		132. COUNTY REGISTRAR [REDACTED]	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

SS

DATE ISSUED

05/21/1998

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

190760
BOOK 389 PAGE 269